

2002 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 02, 2002 8:00 am
Secretary of State

08-14-2002 90028 019 ****50.00

DOCUMENT # L01000012902

1. Entity Name

HEALTH AMERICA, LLC

✓

Principal Place of Business

**1426 VERACRUZ LANE
 WESTON FL 33327
 US**

Mailing Address

**1426 VERACRUZ LANE
 WESTON FL 33327
 US**

98684

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1128267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHRIS, DE PRETIS PRES.
 1426 VERACRUZ LANE
 WESTON FL 33327**

Name

Riley, Alexander Choi

Street Address (P.O. Box Number is Not Acceptable)

1426 VERACRUZ LANE

WESTON FL 33327

City

WESTON

FL

33327

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-15-02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MGR

**RILEY, ALEXANDER
 1426 VERACRUZ LANE
 WESTON FL 33327**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-15-02

Date

(954) 709-9926

Daytime Phone #