

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000092714

1. Entity Name
INNOVATIVE HEALTH CARE OPTIONS, LLC



Principal Place of Business

201 E. HALLANDALE BEACH BLVD., STE A
HALLANDALE, FL 33009

Mailing Address

201 E. HALLANDALE BEACH BLVD., STE A
HALLANDALE, FL 33009



04182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5528679

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTEN, IVORY JOE
201 E. HALLANDALE BEACH BLVD., STE A
HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000904449
05/01/08-80013-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHRISTEN, IVORY JOE
201 E. HALLANDALE BEACH BLVD., STE A
HALLANDALE, FL 33009

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-18-08 (9) 455 3301