

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051132

**FILED**  
**Apr 02, 2009**  
**Secretary of State**

**Entity Name:** HEALTH CHOICES INTERNATIONAL, LLC

**Current Principal Place of Business:**

2323 OAK ST  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2323 OAK ST  
JACKSONVILLE, FL 32204

**New Mailing Address:**

**FEI Number:** 26-2665010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONTEGA BUSINESS SERVICES, LLC  
554 LOMAX ST  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

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.

**SIGNATURE:** G. RAY DRIVER, JR., P

04/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGR ( ) Change (X) Addition  
**Name:** ACOSTA-RUA, ANTONIO J PHD  
**Address:** 2323 OAK ST  
**City-St-Zip:** JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** ANTONIO J. ACOSTA-RUA, PHD

MGR

04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date