

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000210

1. Entity Name
HEALTH AUTHORITY, LLC



Principal Place of Business
4419 PARKBREEZE COURT
ORLANDO, FL 32808

Mailing Address
4419 PARKBREEZE COURT
ORLANDO, FL 32808



02172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0980390

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISSER, DOROTHY E
4419 PARK BREEZE COURT
ORLANDO, FL 32808

**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 one is applicable.

(NOTE: Registered Agent signature required when rehashing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOLDSTEIN, ANDREW
STREET ADDRESS	4419 PARK BREEZE COURT
CITY-STATE-ZIP	ORLANDO, FL 32808
TITLE	MGR
NAME	WOLF, BARRY
STREET ADDRESS	4419 PARK BREEZE COURT
CITY-STATE-ZIP	ORLANDO, FL 32808
TITLE	MEM
NAME	DIRECT MARKETING ADVERTISING DIST. INC.
STREET ADDRESS	270 DUFFY AVENUE
CITY-STATE-ZIP	HICKSVILLE, NY 11801
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

HE00000338973
02/22/05-80021-022 \$5.00

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IN THIS SPACE**

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

Date

Daytime Phone #