

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90080 022 \*\*\*\*50.00

**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**

20018223



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**ISSER, DOROTHY E  
6300 NE FIRST AVE., SUITE 101  
FT. LAUDERDALE FL 33334**

Name

**ISSER, DOROTHY E.**

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

**4419 PARK BREEZE COURT**

City

**ORLANDO**

**FL**

Zip Code

**32808**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **GOLDSTEIN, ANDREW**  
STREET ADDRESS **6300 NE FIRST AVE., SUITE 101**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **GOLDSTEIN, ANDREW**  
STREET ADDRESS **4419 PARKBREEZE COURT**  
CITY-ST-ZIP **ORLANDO, FL. 32808**

TITLE **MGR** ☐ Delete  
NAME **WOLF, BARRY**  
STREET ADDRESS **6300 NE FIRST AVE., SUITE 101**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **WOLF, BARRY**  
STREET ADDRESS **4419 PARKBREEZE COURT**  
CITY-ST-ZIP **ORLANDO, FL. 32808**

TITLE **MEM** ☐ Delete  
NAME **DIRECT MARKETING ADVERTISING DIST. INC.**  
STREET ADDRESS **270 DUFFY AVENUE**  
CITY-ST-ZIP **HICKSVILLE NY 11801**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**SIGNATURE: Dorothy E. Isser** **1/29/03** **954-452-5615**

CR2E083 (10/02)