

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000021938

**Entity Name:** HEALTH OPTIONS USA LLC

**Current Principal Place of Business:**

2450 HOLLYWOOD BLVD  
203  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2450 HOLLYWOOD BLVD  
203  
HOLLYWOOD, FL 33020 US

**FEI Number:** 27-2003598

**Certificate of Status Desired:** No

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

RASH, RICHARD  
2450 HOLLYWOOD BLVD  
203  
HOLLYWOOD, FL 33020 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MM MARKETING IDEAS, LLC  
Address 1342 N 30TH RD  
City-State-Zip: HOLLYWOOD FL 33021

Title MGRM  
Name GEMCAP, INC  
Address 5112 ROOSEVELT ST  
City-State-Zip: HOLLYWOOD FL 33021

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MM MARKETING IDEAS LLC

MGRM

04/12/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date