

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:46

DOCUMENT # **G86938** (9)

1. Corporation Name
HEALTH OPTIONS, INC.

Principal Place of Business 11 HARVEY E. PIES 532 RIVERSIDE AVE. JACKSONVILLE FL 32202-4918	Mailing Address 11 HARVEY E. PIES 532 RIVERSIDE AVE. JACKSONVILLE FL 32202-4918
---	---

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/20/1984	3a. Date of Last Report 05/19/1994
--	--

2. Principal Place of Business 21 Health Options, Inc. Suite, Apt. #, etc.	2a. Mailing Address 26 532 Riverside Ave. Suite, Apt. #, etc.	4. FEI Number 59-2403696	Applied For <input type="checkbox"/> Not Applicable
22 532 Riverside Ave. City & State	27 Same as above City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Jacksonville, FL Zip Country 24 32202 25 Duval	28 Jacksonville, FL Zip Country 29 32202 30 Duval	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PIES, HARVEY E. 532 RIVERSIDE AVENUE JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent	
		B1 Name	
		B2 Street Address (P.O. Box Number is Not Acceptable)	
		B3	
		B4 City	FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME FLAHERTY, WILLIAM E.	1.1 TITLE AP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12316 MANDARIN ROAD	CITY - ST - ZIP MANDARIN FL	1.2 NAME Flaherty, William E.	
		1.3 STREET ADDRESS 12316 Mandarin Road	
		1.4 CITY - ST - ZIP Jacksonville, FL	
TITLE D	NAME BECKWITH, HENRY H.	2.1 TITLE AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2518 EDISON AVENUE	CITY - ST - ZIP JACKSONVILLE FL	2.2 NAME Richards, Charles R.	
		2.3 STREET ADDRESS 44 Village Walk Drive	
		2.4 CITY - ST - ZIP Ponte Vedra Beach, FL	
TITLE PD	NAME OTIS, KENNETH C., II	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 532 RIVERSIDE AVE	CITY - ST - ZIP JACKSONVILLE FL	3.2 NAME Albright, Thomas E.	
		3.3 STREET ADDRESS 8132 Wekiva Way	
		3.4 CITY - ST - ZIP Jacksonville, FL	
TITLE D	NAME CASCONE, MICHAEL JR.	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 532 RIVERSIDE AVE	CITY - ST - ZIP JACKSONVILLE FL	4.2 NAME Lufrano, Robert I., M.D.	
		4.3 STREET ADDRESS 8113 Middle Fork Way	
		4.4 CITY - ST - ZIP Jacksonville, FL	
TITLE S	NAME PIES, HARVEY E.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8219 WOODGROVE RD.	CITY - ST - ZIP JACKSONVILLE FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE DT	NAME THOMAS, RICHARD L.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 532 RIVERSIDE AVENUE	CITY - ST - ZIP JACKSONVILLE FL	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harvey E. Pies DATE: 4/1/95 904/791-8230
(Date) (Phone Number)