

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G86938** (9)

1. Corporation Name
HEALTH OPTIONS, INC.



Principal Place of Business: **532 RIVERSIDE AVENUE JACKSONVILLE FL 32202 US**
Mailing Address: **532 RIVERSIDE AVE. JACKSONVILLE FL 32202 US**

3. Date Incorporated or Qualified: **02/29/1984**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-2403696**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**PIES, HARVEY E.
532 RIVERSIDE AVENUE
JACKSONVILLE FL 32231**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

Signature, typed or printed name of registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	APD	<input type="checkbox"/> DELETE
NAME	FLAHERTY, WILLIAM E.	
STREET ADDRESS	12316 MANDARIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKWITH, HENRY H.	
STREET ADDRESS	2516 EDISON AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OTIS, KENNETH C., II	
STREET ADDRESS	532 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASCONE, MICHAEL JR.	
STREET ADDRESS	532 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PIES, HARVEY E.	
STREET ADDRESS	8219 WOODGROVE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RICHARD L.	
STREET ADDRESS	532 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALBRIGHT, THOMAS E.	
1.3 STREET ADDRESS	532 RIVERSIDE AVENUE	
1.4 CITY-ST-ZIP	JACKSONVILLE FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LUFRAANO, ROBERT I., M.D.	
2.3 STREET ADDRESS	532 RIVERSIDE AVENUE	
2.4 CITY-ST-ZIP	JACKSONVILLE FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOERR, R. CHRIS	
3.3 STREET ADDRESS	532 RIVERSIDE AVENUE	
3.4 CITY-ST-ZIP	JACKSONVILLE FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey E. Pies

2/15/96

(914) 791-8230

CR2E034 (12/95)