

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 32202-4914
US

3. Date Incorporated or Qualified: 02/29/1984
3a. Date of Last Report: 02/23/1996

| | | | | | | | |
|--------------------------------|--|-------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number: 59-2403696 | | Applied For: <input type="checkbox"/> Not Applicable | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 5. Certificate of Status Desired: <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22. City & State | | 27. City & State | | 6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23. Zip | | 28. Zip | | 29. Country | | 30. Country | |
| 24. Zip | | 25. Country | | 29. Zip | | 30. 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 | | | |
| | | | | 85. Zip Code | | FL | |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE: APD | FLAHERTY, WILLIAM E. 12316 MANDARIN ROAD JACKSONVILLE FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | BECKWITH, HENRY H. 2516 EDISON AVENUE JACKSONVILLE FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD | DOERR, R C 532 RIVERSIDE AVENUE JACKSONVILLE FL | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | CASCONE, MICHAEL JR. 532 RIVERSIDE AVE JACKSONVILLE FL | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: S | PIES, HARVEY E. 8219 WOODGROVE RD. JACKSONVILLE FL | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D | ALBRIGHT, THOMAS E 532 RIVERSIDE AVENUE JACKSONVILLE FL | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 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* Secretary 2/28/97 (904) 791-8230

CR2E034 (9/96)