

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT



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

FILED

98 NOV -4 AM 11:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # G 86038

1. Corporation Name
 Health Options, Inc.

Principal Place of Business Mailing Address
 532 Riverside Avenue
 Jacksonville, FL 32202

REINSTATEMENT 98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable 4800 Deerwood Campus Pkwy Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable 4800 Deerwood Campus Pkwy Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 2/29/84	
City & State Jacksonville, FL		City & State Jacksonville, FL		5. FEI Number 59-2403696	
Zip 32246		Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
P/D	Robert I. Lufrano	4800 Deerwood Campus Parkway Building 1-8	-11/06/98 by 81066-005 ****750.00 ***750.00
D	Thomas E. Albright	4800 Deerwood Campus Parkway Building 3-6	Jacksonville, FL 32246
C/D	Henry H. Beckwith	4800 Deerwood Campus Parkway Building 1-8	Jacksonville, FL 32246
D	Barbara G. Benevento	4800 Deerwood Campus Parkway Building 3-3	Jacksonville, FL 32246
S	Kelly S. Hernandez	4800 Deerwood Campus Parkway Building 1-7	Jacksonville, FL 32246
D	Michael Cascone, Jr.	4800 Deerwood Campus Parkway Building 1-8	Jacksonville, FL 32246

8. Name and Address of Current Registered Agent
 Harvey E. Pies
 532 Riverside Avenue
 Jacksonville, FL 32202

9. Name and Address of New Registered Agent
 Name: Kelly S. Hernandez
 Street Address (P.O. Box Number is Not Acceptable): 4800 Deerwood Campus Parkway, Building 1-7
 Suite, Apt. #, Etc.
 City: Jacksonville State: FL Zip Code: 32246

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: Kelly S. Hernandez REGISTERED AGENT MUST SIGN Date: 11-3-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Kelly S. Hernandez SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11-3-98 (904) 905-6160 Daytime Phone #

CR2E040 (1/88)

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**HEALTH OPTIONS, INC. LIST OF
DIRECTORS AND OFFICERS CONTINUED**

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each officer and/or Director 3	City/State/Zip 4
D	Yank D. Coble, Jr., M.D.	4800 Deerwood Campus Parkway Building 1-8	Jacksonville, FL 32246
T/D	R. Chris Doerr	4800 Deerwood Campus Parkway Building 1-8	Jacksonville, FL 32246
D	William E. Flaherty	4800 Deerwood Campus Parkway Building 1-8	Jacksonville, FL 32246