

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90143 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **G 86938**

1. Corporation Name  
 Health Options, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
 2/29/84

2. Principal Place of Business 2a. Mailing Address  
 21 4800 Deerwood Campus Pkwy 26 4800 Deerwood Campus Pkwy  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 Attn.: Kelly S. Hernandez  
 City & State City & State  
 23 Jacksonville, FL 28 Jacksonville, FL  
 Zip Country Zip Country  
 24 32246 25 U.S. 29 32246 30 U.S.

4. FEI Number Applied For  
 59-2403696 Not Applicable  
 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 Kelly S. Hernandez  
 4800 Deerwood Campus Pkwy 107  
 Jacksonville, FL 32246

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 *Kelly S. Hernandez* 4/13/99  
 Signature, typed or printed name of registered agent and title if applicable. (NOT registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
 TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP  
 Robert I. Lufrano, M.D.  DELETE  
 4800 Deerwood Campus Pkwy 102  
 Jacksonville, FL 32246  
 Thomas E. Albright  DELETE  
 4800 Deerwood Campus Pkwy  
 Jacksonville, FL 32246  
 Henry H. Beckwith  DELETE  
 2516 Edison Ave.  
 Jacksonville, FL 32204  
 Barbara G. Benevento  DELETE  
 4800 Deerwood Campus Pkwy  
 Jacksonville, FL 32246  
 Kelly S. Hernandez  DELETE  
 4800 Deerwood Campus Pkwy  
 Jacksonville, FL 32246  
 Michael Cascone, Jr.  DELETE  
 4800 Deerwood Campus Pkwy  
 Jacksonville, FL 32246

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE D R. Chris Doerr  Change  Addition  
 1.2 NAME 4800 Deerwood Campus Pkwy  
 1.3 STREET ADDRESS Jacksonville, FL 32246  
 1.4 CITY-ST-ZIP  
 2.1 TITLE D Yank D. Coble, Jr., M.D.  Change  Addition  
 2.2 NAME 2700 Riverside Ave.  
 2.3 STREET ADDRESS Jacksonville, FL 32205  
 2.4 CITY-ST-ZIP  
 3.1 TITLE D William E. Flaherty  Change  Addition  
 3.2 NAME 4800 Deerwood Campus Pkwy  
 3.3 STREET ADDRESS Jacksonville, FL 32246  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kelly S. Hernandez* 4/13/99 904/905-66160  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date ( anytime Phone #

CR2E034 (11/98)