

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90055 047 \*\*\*150.00

**DOCUMENT #** C086938  
 1. Entity Name Health Options, Inc.

**A0027404**

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4800 Deerwood Campus Pkwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4800 Deerwood Campus Pkwy**  
 Suite, Apt. #, etc.  
**Attn.: Kelly S. Hernandez**

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip Country  
**32246 U.S.**

Zip Country  
**32246 U.S.**

4. FEI Number  
**59-2403696**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Kelly S. Hernandez 2/15/00  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Robert I. Lufrano 4800 Deerwood Campus Pkwy 108 Jacksonville, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas E. Albright 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Henry H. Beckwith 2516 Edison Ave. Jacksonville, FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbara G. Benevento 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kelly S. Hernandez 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Cascone, Jr. Michael Cascone, Jr. 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT R. Chris Doerr 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yank D. Coble, Jr., M.D. 2700 Riverside Ave. Jacksonville, FL 32205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William E. Flaherty 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly S. Hernandez 2/15/00 904/905-6160  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)