

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90178 023 ***150.00

DOCUMENT # G86938

1. Entity Name
HEALTH OPTIONS, INC.

Principal Place of Business 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246 US	Mailing Address 4800 DEERWOOD CAMPUS PARKWAY ATTN: KELLY S HERNANDEZ JACKSONVILLE FL 32246 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2403696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERNANDEZ, KELLY S
 4800 DEERWOOD CAMPUS PARKWAY
 BLDG 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUFRAO, ROBERT I 4800 DEERWOOD CAMPUS PKWY., BLDG. 1-8 JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD R. Chris Doerr 4800 Deerwood Campus Pkwy., Bldg. 1-8 Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, THOMAS E 4800 DEERWOOD CAMPUS PKWY., BLDG. 3-6 JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William E. Flaherty 4800 Deerwood Campus Pkwy., Bldg. 1-7 Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BECKWITH, HENRY H 4800 DEERWOOD CAMPUS PKWY., BLDG. 1-8 JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel B. Lestage 4800 Deerwood Campus Pkwy., Bldg. 3-3 Jacksonville, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEVENTO, BARBARA G 4800 DEERWOOD CAMPUS PKWY., BLDG. 3-3 JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yank D. Coble, Jr., M.D. 2700 Riverside Avenue Jacksonville, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, KELLY S 4800 DEERWOOD CAMPUS PKWY., BLDG. 1-7 JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASCONE, MICHAEL JR. 4800 DEERWOOD CAMPUS PKWY., BLDG. 1-8 JACKSONVILLE FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Date: 01/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)