


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90320 010 \*\*\*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 <del>ATTN: KELLY R. SULLIVAN</del> JACKSONVILLE, FL 32246 US	
2. Principal Place of Business		3. Mailing Address 4800 Deerwood Campus Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 100-7	
City & State		City & State Jacksonville, FL	
Zip		Zip 32246	
Country		Country US	
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 SULLIVAN, KELLY R 4800 DEERWOOD CAMPUS PARKWAY BLDG 107 JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent Name Seth M. Phelps Street Address (P.O. Box Number is Not Acceptable) 4800 Deerwood Campus Parkway 100-7 City Jacksonville FL Zip Code 32246	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Seth M. Phelps</i>		DATE 4/27/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUFRAÑO, ROBERT I 4800 DEERWOOD CAMPUS PKWY., BLDG. 1-8 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BECKWITH, HENRY H 4800 DEERWOOD CAMPUS PKWY., BLDG. 1-8 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Beckwith, Henry H. 524 Stockton Street Jacksonville, FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEVENTO, BARBARA G 4800 DEERWOOD CAMPUS PKWY., BLDG. 3-3 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Benevento, Barbara G. 5011 Gate Parkway Bldg. 200 Suite 300 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SULLIVAN, KELLY R 4800 DEERWOOD CAMPUS PKWY., BLDG. 1-7 JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Seth M. Phelps 4800 Deerwood Campus Parkway 100-7 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASCONI, MICHAEL JR. 4800 DEERWOOD CAMPUS PKWY., BLDG. 1-8 JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Seth Phelps</i>		DATE 4/27/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 904-905-8747	

Seth M. Phelps

Attachment

~~54046495~~  
~~DOC# 986938~~

HEALTH OPTIONS, INC.  
Officers and Directors (Continued)  
2004

12. Officers and Directors		13. Add/Chgs To Officers and Directors	
Title Name Street Address City-St-Zip	D Daniel Lestage, M.D. 4800 Deerwood Campus Parkway 100-8 Jacksonville, FL 32246	Title Name Street Address City-St-Zip	D                    xx Chg <input type="checkbox"/> Add Daniel Lestage, M.D. 4800 Deerwood Campus Parkway <b>Bldg. 300-3</b> Jacksonville, FL 32246
Title Name Street Address City-St-Zip	D R. Chris Doerr 4800 Deerwood Campus Parkway 100-8 Jacksonville, FL 32246	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	T Deanna M. McDonald 4800 Deerwood Campus Pkwy 100-6 Jacksonville, FL 32246	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	D Nickolas Stamatogiannakis 4800 Deerwood Campus Pkwy 100-8 Jacksonville, FL 32246	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add