


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90053 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 PKWY.
 100-7
 JACKSONVILLE, FL 32246 US**

40043627



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03022005 Chg-P CR2E034 (10/03)

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

**PHELPS, SETH M
 4800 DEERWOOD CAMPUS PKWY.
 100-7
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
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	CD BECKWITH, HENRY H 524 STOCKTON ST. JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEVENTO, BARBARA G 5011 GATE PKWY. BLDG., 200 STE. 300 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHELPS, SETH M 4800 DEERWOOD CAMPUS PKWY., 100-7 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lufrano, Robert I, M.D.. 4800 Deerwood Campus Pkwy Bldg. 1-8 Jacksonville, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joyce Kramzer 4800 Deerwood Campus Pkwy Bldg 3-3 Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" 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
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 information covered.

SIGNATURE: Seth M. Phelps **3/9/05** **904-905-8747**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40043627

G86938

HEALTH OPTIONS, INC.
Officers and Directors (Continued)
2005

10. Officers and Directors		11. Add/Chgs To Officers and Directors	
Title Name	D Daniel Lestage, M.D.	Title Name	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Street Address	4800 Deerwood Campus Parkway Bldg. 300-3	Street Address	
City-St-Zip	Jacksonville, FL 32246	City-St-Zip	
Title Name	D R. Chris Doerr	Title Name	D/CEO xx Chg <input type="checkbox"/> Add
Street Address	4800 Deerwood Campus Parkway 100-8	Street Address	4800 Deerwood Campus Parkway 100-8
City-St-Zip	Jacksonville, FL 32246	City-St-Zip	Jacksonville, FL 32246
Title Name	T Deanna M. McDonald	Title Name	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Street Address	4800 Deerwood Campus Pkwy 100-6	Street Address	
City-St-Zip	Jacksonville, FL 32246	City-St-Zip	
Title Name	D Nickolas Stamatogiannakis	Title Name	D/P xx Chg <input type="checkbox"/> Add
Street Address	4800 Deerwood Campus Pkwy 100-8	Street Address	4800 Deerwood Campus Pkwy 100-8
City-St-Zip	Jacksonville, FL 32246	City-St-Zip	Jacksonville, FL 32246
Title Name		Title Name	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title Name		Title Name	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Street Address		Street Address	
City-St-Zip		City-St-Zip	