


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90074 024 \*\*\*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**

**40072203**



2. Principal Place of Business - Ho P.O. Box #  
 Suite, Apt. # etc

3. Mailing Address  
 Suite, Apt. # etc

04042007 Chg-P CR2EC34 (12/06)

City & State

4. FEI Number  
**59-2403696**

Zip Country

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 certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am the authorized officer and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (Not for use by the corporation or its officers or directors. (Not for Registered Agent. Signature required when registering.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LUFRANO, ROBERT I MD	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY., BLDG. 1-8	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BECKWITH, HENRY H	
STREET ADDRESS	524 STOCKTON ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENEVENTO, BARBARA G	
STREET ADDRESS	5011 GATE PKWY. BLDG., 200 STE. 300	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHELPS, SETH M	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY., 100-7	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMZER, JOYCE	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY BLDG 3-3	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied in this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is contained in this report or supplemental reports 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 of this report, or on an attachment with an address, with a former like empowered.

SIGNATURE: Seth M. Phelps **Seth M. Phelps** 4/17/07 904-905-8747  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR