

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86938

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: HEALTH OPTIONS, INC.

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PARKWAY  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PKWY.  
100-7  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 59-2403696      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHELPS, SETH M  
4800 DEERWOOD CAMPUS PKWY.  
100-7  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: LIVERMORE, ARNOLD DUKE  
Address: 4800 DEERWOOD CAMPUS PKWY, BLDG 1-8  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete  
Name: PHELPS, SETH M  
Address: 4800 DEERWOOD CAMPUS PKWY., 100-7  
City-St-Zip: JACKSONVILLE, FL 32246

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DCEO ( ) Change (X) Addition  
Name: DOERR, R. CHRISS  
Address: 4800 DEERWOOD CAMPUS PKWY, 100-8  
City-St-Zip: JACKSONVILLE, FL 32246

Title: PD ( ) Change (X) Addition  
Name: KRAMZER, JOYCE  
Address: 4800 DEERWOOD CAMPUS PKWY, 100-8  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Change (X) Addition  
Name: MOSE, CHERYL  
Address: 4800 DEERWOOD CAMPUS PKWY, 100-5  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SETH M. PHELPS

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04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date