2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86938

Entity Name: HEALTH OPTIONS, INC.

FILED Mar 19, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246

100-7

JACKSONVILLE, FL 32246

Current Mailing Address: New Mailing Address:

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

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

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

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

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:

LIVERMORE, ARNOLD DUKE Name:

4800 DEERWOOD CAMPUS PKWY, BLDG 1-8 Address:

City-St-Zip: JACKSONVILLE, FL 32246

Title:

Name: PHELPS, SETH M

4800 DEERWOOD CAMPUS PKWY., 100-7 Address:

City-St-Zip: JACKSONVILLE, FL 32246

Title: DCFO

DOERR, R. CHRIS Name:

4800 DEERWOOD CAMPUS PKWY, 100-8 Address:

City-St-Zip: JACKSONVILLE, FL 32246

Title: PD

KRAMZER, JOYCE Name:

Address: 4800 DEERWOOD CAMPUS PKWY, 100-8

City-St-Zip: JACKSONVILLE, FL 32246

Title:

Name: MOSE, CHERYL

4800 DEERWOOD CAMPUS PKWY, 100-5 Address:

City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: SETH M. PHELPS S 03/19/2010