

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90057 034 ***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
ATTN: KELLY S HERNANDEZ
JACKSONVILLE FL 32246
US**

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

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

4. FEI Number **59-2403696** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HERNANDEZ, KELLY S
4800 DEERWOOD CAMPUS PARKWAY
BLDG 107
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 _____ DATE _____
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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 LUFRAO, 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	D ALBRIGHT, THOMAS E 4800 DEERWOOD CAMPUS PKWY., BLDG. 3-6 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	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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, KELLY S 4800 DEERWOOD CAMPUS PKWY., BLDG. 1-7 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	D CASCOE, MICHAEL JR. 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

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: *Kelly S Hernandez* **4/21/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

HEALTH OPTIONS, INC.
Officers and Directors (Continued)
2003

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	<input type="checkbox"/> Chg <input type="checkbox"/> Add
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 DELETE Robert S. Sebok 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	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