CORPORATION
ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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1. Corporation Name
HEALTH OPTIONS OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
C/O HARVEY E. PIES 532 RIVERSIDE AVENUE JACKSONVILLE FL 32202-4918	C/O HARVEY E. PIES 532 RIVERSIDE AVENUE JACKSONVILLE FL 32202-4918

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/31/1985
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2591636 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PIES, HARVEY E.
532 RIVERSIDE AVENUE
JACKSONVILLE FL 32231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HERR, ROBIN	12 NAME	
STREET ADDRESS	300 SOUTH MYRICK	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DOMAN, LEWIS	22 NAME	
STREET ADDRESS	213 SOUTH PALAFOX ST.	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	GOWING, ROBERT E.	32 NAME	
STREET ADDRESS	1717 NORTH "E" STREET	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SHEARLOCK, KEITH T.	42 NAME	
STREET ADDRESS	1717 NORTH E ST	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY ST ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	HOUSH, KERMIT E.	52 NAME	
STREET ADDRESS	2190 AIRPORT BLVD.,#3000	53 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BOND, WILLIAM	62 NAME	
STREET ADDRESS	840 GERHARDT DRIVE	63 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Kermit E. Housh Kermit E. Housh President 3/17/95 904/434-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018989 OP