

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H69107 (1)

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

2. Principal Place of Business

2a. Mailing Address

21 2190 AIRPORT BLVD

26 Suite, Apt. #, etc.

22 3000

27 City & State

23 PENSACOLA, FL

28 City & State

24 32504 25 Country

29 Zip 30 Country

3. Date Incorporated or Qualified

07/31/1985

3a. Date of Last Report

04/03/1995

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

10. Name and Address of New Registered Agent

PIES, HARVEY E.  
532 RIVERSIDE AVENUE  
JACKSONVILLE FL 32231

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

(Signature of person being appointed as registered agent)

(NOTE: Registered Agent signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME HERR, ROBIN  
STREET ADDRESS 300 SOUTH MYRICK  
CITY-STATE-ZIP PENSACOLA FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME DOMAN, LEWIS  
STREET ADDRESS 213 SOUTH PALAFOX ST.  
CITY-STATE-ZIP PENSACOLA FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

TITLE DST ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME GOWING, ROBERT E.  
STREET ADDRESS 1717 NORTH "E" STREET  
CITY-STATE-ZIP PENSACOLA FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME SHEARLOCK, KEITH T.  
STREET ADDRESS 1717 NORTH E ST  
CITY-STATE-ZIP PENSACOLA FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE PD ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME HOUSH, KERMIT E.  
STREET ADDRESS 2190 AIRPORT BLVD., #3000  
CITY-STATE-ZIP PENSACOLA FL

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE D ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME BOND, WILLIAM  
STREET ADDRESS 840 GERHARDT DRIVE  
CITY-STATE-ZIP PENSACOLA FL

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)