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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2190 AIRPORT BLVD
3000
PENSACOLA FL 32504
US

Mailing Address
C/O HARVEY E. PIES
532 RIVERSIDE AVENUE
JACKSONVILLE FL 32202-4914

3. Date Incorporated or Qualified
07/31/1985

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2591636

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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 registered agent or new registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HERR, ROBIN
STREET ADDRESS 300 SOUTH MYRICK
CITY- ST- ZIP PENSACOLA FL

1.1 TITLE DST ☐ Change ☒ Addition
1.2 NAME ZEILER, RICHARD
1.3 STREET ADDRESS 5151 NORTH 9th AVENUE
1.4 CITY- ST- ZIP PENSACOLA, FL 32504

TITLE D ☐ DELETE
NAME DOMAN, LEWIS
STREET ADDRESS 213 SOUTH PALAFOX ST.
CITY- ST- ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE DST ☐ DELETE
NAME BAL SLYKE, ROBERT
STREET ADDRESS 1717 N "E" ST
CITY- ST- ZIP PENSACOLA FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME VAN SLYKE, ROBERT
3.3 STREET ADDRESS 1717 N "E" ST
3.4 CITY- ST- ZIP PENSACOLA, FL

TITLE D ☒ DELETE
NAME SHEARLOCK, KEITH T.
STREET ADDRESS 1717 NORTH E ST
CITY- ST- ZIP PENSACOLA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE PD ☐ DELETE
NAME HOUSH, KERMIT E.
STREET ADDRESS 2190 AIRPORT BLVD., #3000
CITY- ST- ZIP PENSACOLA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE D ☐ DELETE
NAME BOND, WILLIAM
STREET ADDRESS 840 GERHARDT DRIVE
CITY- ST- ZIP PENSACOLA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/96 904/484-7500

CR2E034 (9/96)