FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:21

DOCUMENT # **J84128** **(4)**

1. Corporation Name
HEALTH OPTIONS DIVERSIFIED, INC.

Principal Place of Business
% HARVEY E. PIES
532 RIVERSIDE AVE.
JACKSONVILLE FL 32202-4918

Mailing Address
% HARVEY E. PIES
532 RIVERSIDE AVE.
JACKSONVILLE FL 32202-4918

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/24/1987**
3a. Date of Last Report: **05/19/1994**

2. Principal Place of Business
21 **Same as above**
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 **Same as above**
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2846848** ☐ 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 AVE.
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	PD	11 TITLE	AT ☐ Change XX Addition
NAME	OTIS, KENNETH C., II	12 NAME	Richards, Charles R.
STREET ADDRESS	532 RIVERSIDE AENUE	13 STREET ADDRESS	44 Village Walk Drive
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Ponte Vedra Beach, FL
TITLE	D	21 TITLE	D ☐ Change ☒ Addition
NAME	CASCONE, MICHAEL JR	22 NAME	Albright, Thomas E.
STREET ADDRESS	532 RIVERSIDE AVE	23 STREET ADDRESS	8132 Wekiva Way
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL
TITLE	S	31 TITLE	D ☐ Change ☒ Addition
NAME	PIES, HARVEY E.	32 NAME	Lufrano, Robert I., M.D.
STREET ADDRESS	532 RIVERSIDE AVE	33 STREET ADDRESS	8113 Middle Fork Way
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	FLAHERTY, WILLIAM E.	42 NAME	AP/D
STREET ADDRESS	532 RIVERSIDE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BECKWITH, HENRY H.	52 NAME	
STREET ADDRESS	2160 MCCOY'S BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	DT	61 TITLE	☐ Change ☐ Addition
NAME	THOMAS, RICHARD L.	62 NAME	PLEASE NOTE: Both Mr. Thomas and Mr. Otis
STREET ADDRESS	532 RIVERSIDE AVENUE	63 STREET ADDRESS	are no longer with the Corporation.
CITY-ST-ZIP	JACKSONVILLE 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 on an attachment with an address.

SIGNATURE: Harvey E Pies 4/4/95 904/721-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014000 CP