

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 # J84128 (4)

1. Corporation Name

HEALTH OPTIONS DIVERSIFIED, INC.

Principal Place of Business

Mailing Address

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

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



3. Date Incorporated or Qualified

07/24/1987

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

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

10. Name and Address of New Registered Agent

PIES, HARVEY E.
532 RIVERSIDE AVE.
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, typed or printed name of 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	AT	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, CHARLES R.	
STREET ADDRESS	44 VILLAGE WALK DR	
CITY-STATE-ZIP	PONTE VEDRA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASCOONE, MICHAEL JR	
STREET ADDRESS	532 RIVERSIDE AVE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PIES, HARVEY E.	
STREET ADDRESS	532 RIVERSIDE AVE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	APD	<input type="checkbox"/> DELETE
NAME	FLAHERTY, WILLIAM E.	
STREET ADDRESS	532 RIVERSIDE AVE	
CITY-STATE-ZIP	JACKSONVILLE, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKWITH, HENRY H.	
STREET ADDRESS	2160 MCCOY'S BLVD.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBRIGHT, THOMAS E.	
STREET ADDRESS	8132 WEKIVA WAY	
CITY-STATE-ZIP	JACKSONVILLE FL	

1.1 TITLE	T&D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R. Chris Doerr	
1.3 STREET ADDRESS	532 Riverside Avenue	
1.4 CITY-STATE-ZIP	Jacksonville, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert I. Lufrano, M.D.	
2.3 STREET ADDRESS	532 Riverside Avenue	
2.4 CITY-STATE-ZIP	Jacksonville, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

Date

904-791-8230

Daytime Phone #

CR2E034 (12/95)