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PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

HEAL	TH OPTIONS DIVERSIFIED	, INC.						
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% HARVEY 532 RIVERS	SIDE AVE.	% HARVEY E. PIES 532 RIVERSIDE AVE						
JACKSONVI	LLE FL 32202-4918	JACKSONVILLE FL	32202-4918		3. Date Incorporated or Qualifi 07/24/1987	ed 3a. [Date of Last F 04/17/1	•
hincipa! Pla	ce of Business	28. Mailing Address 26			4. FEI Number 59-2846848		<u> </u>	Applied For Not Applicab
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	· D	\$8.7	5 Additional
Dity & State		City & State			6. Election Campaign Financin	a		Required May Be
200	Country	28			Trust Fund Contribution		Adde	d to Fees
?ф 	Country 25	Ζ ₍ μ)	30 Coun	ery		Yes No)	199.032,
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of Ne	w Register	ed Agent	··- ·
532 RI	iarvey e. /erside ave. Onville fl 32231			82 Street Address (P.O. Box Number is Not Acceptable) 83				
			Ì	34 City			85 Z	p Code
Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statut	les, the abov	e-named co	rporation submits this statement for the	nurnose of	changing its	registered off
or registere familiar with NATUSE	o the provisions of Sections 607,0502 and agent, or both, in the State of Fiorica, and accept the obligations of, Sections of Sec	da. Such change was authorizion 607.0505, Florida Statutes	zed by the co s.	orporation's I	rporation submits this statement for the board of directors. I hereby accept the statement when renstating!	nurnose of	changing its t as registered	registered off d agent. I am
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