

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Harvey Pies Suite, Apt. #, etc. 22 4800 Deerwood Campus Pkwy City & State 23 Jacksonville, FL Zip 24 32246-8723		2a. Mailing Address 26 c/o Harvey Pies Suite, Apt. #, etc. 27 4800 Deerwood Campus Pkwy City & State 28 Jacksonville, FL Zip 29 32246-8723		3. Date Incorporated or Qualified 07/24/1987	
		4. FEI Number 59-2846848		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

g. 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) 4800 Deerwood Campus Parkway 83 Legal Affairs, Building 100, 7th Floor 84 City Jacksonville 85 Zip Code FL 32246-8723	
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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	TD	1.1 TITLE	TD
NAME	DOERR, R C	1.2 NAME	Doerr, R. Chris
STREET ADDRESS	532 RIVERSIDE AVENUE	1.3 STREET ADDRESS	4800 Deerwood Campus Pkwy
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32246-8723
TITLE	D	2.1 TITLE	D
NAME	CASCONI, MICHAEL JR	2.2 NAME	Cascone, Michael Jr.
STREET ADDRESS	532 RIVERSIDE AVE	2.3 STREET ADDRESS	4800 Deerwood Campus Pkwy
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32246-8723
TITLE	S	3.1 TITLE	S
NAME	PIES, HARVEY E.	3.2 NAME	Pies, Harvey E.
STREET ADDRESS	532 RIVERSIDE AVE	3.3 STREET ADDRESS	4800 Deerwood Campus Pkwy
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32246-8723
TITLE	APD	4.1 TITLE	CD
NAME	FLAHERTY, WILLIAM E.	4.2 NAME	Flaherty, William E.
STREET ADDRESS	532 RIVERSIDE AVE	4.3 STREET ADDRESS	4800 Deerwood Campus Pkwy
CITY-ST-ZIP	JACKSONVILLE, FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32246-8723
TITLE	D	5.1 TITLE	PD
NAME	BECKWITH, HENRY H.	5.2 NAME	Lufano, Robert I.
STREET ADDRESS	2160 MCCOY'S BLVD.	5.3 STREET ADDRESS	4800 Deerwood Campus Pkwy
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32246-8723
TITLE	D	6.1 TITLE	
NAME	ALBRIGHT, THOMAS E.	6.2 NAME	
STREET ADDRESS	8132 WEKIVA WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I 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 attachment with an address.

SIGNATURE:

Harvey Pies

3/15/98

904-915-8230

CR2E034 (10/97)