

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90047 040 ***150.00

DOCUMENT # J84128

1. Corporation Name

HEALTH OPTIONS DIVERSIFIED, INC.

Principal Place of Business

C/O HARVEY PIES
4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE FL 32246-273
US

Mailing Address

C/O HARVEY PIES
4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE FL 32246-273
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PIES, HARVEY E.
4800 DEERWOOD CAMPUS PARKWAY
LEGAL AFFAIRS, BUILDING 100, 7TH FLOOR
JACKSONVILLE FL 32246-8273

10. Name and Address of New Registered Agent

81 Name
Kelly S. Hernandez

82 Street Address (P.O. Box Number is Not Acceptable)
4800 Deerwood Campus Parkway

83 Legal Affairs, Building 100, 7th Floor

84 City
Jacksonville

FL

85 Zip Code
32246

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 agent 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

Kelly S. Hernandez

4/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE TD ☐ DELETE
NAME DOERR, R C
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE FL 32246-8273

TITLE D ☐ DELETE
NAME CAScone, MICHAEL JR
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE FL 32246-8273

TITLE S ☒ DELETE
NAME PIES, HARVEY E.
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE FL 32246-8273

TITLE CD ☐ DELETE
NAME FLAHERTY, WILLIAM E.
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE, FL 32446-8273

TITLE D ☒ DELETE
NAME BECKWITH, HENRY H.
STREET ADDRESS 2160 MCCOY'S BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME ALBRIGHT, THOMAS E.
STREET ADDRESS 8132 WEKIVA WAY
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Barbara G. Benevento
1.3 STREET ADDRESS 4800 Deerwood Campus Pkwy
1.4 CITY-ST-ZIP Jacksonville, FL 32246

2.1 TITLE C/D ☒ Change ☐ Addition
2.2 NAME Cascone, Michael, Jr.
2.3 STREET ADDRESS 4800 Deerwood Campus Pkwy
2.4 CITY-ST-ZIP Jacksonville, FL 32246

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Hernandez, Kelly S.
3.3 STREET ADDRESS 4800 Deerwood Campus Pkwy
3.4 CITY-ST-ZIP Jacksonville, FL 32246

4.1 TITLE P/D ☐ Change ☒ Addition
4.2 NAME Lufano, Robert I., M.D.
4.3 STREET ADDRESS 4800 Deerwood Campus Pkwy
4.4 CITY-ST-ZIP Jacksonville, FL 32246

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)