

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

Amended PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #J84128

1. Corporation Name

HEALTH OPTIONS DIVERSIFIED, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 C/O KELLY HERNANDEZ

Suite, Apt. #, etc. 100-7

22 4800 Deerwood Campus Pkwy

City & State

23 Jacksonville, FL

Zip

24 32246

Country

25 USA

2a. Mailing Address

26 C/O KELLY HERNANDEZ

Suite, Apt. #, etc. 100-7

27 4800 Deerwood Campus Pkwy

City & State

28 Jacksonville, FL

Zip

29 32246

Country

30 USA

9. Name and Address of Current Registered Agent

KELLY S. HERNANDEZ

4800 DEERWOOD CAMPUS PARKWAY

LEGAL AFFAIRS, BUILDING 100, 7th FLOOR

JACKSONVILLE, FL 32246

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

TITLE [] DELETE

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

TITLE [X] DELETE

NAME CD
FLAHERTY, WILLIAM E.
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE, FL 32246-8273

TITLE [] DELETE

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

TITLE [] DELETE

NAME D
BARBARA G. BENEVENTO
STREET ADDRESS 4800 Deerwood Campus Pkwy
CITY-ST-ZIP Jacksonville, FL 32246

TITLE [] DELETE

NAME C/D
CAScone, MICHAEL, JR.
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE [] DELETE

NAME S
HERNANDEZ, KELLY S.
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE, FL 32246

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

P/D

LUFRANO, ROBERT I., M.D.

4800 DEERWOOD CAMPUS PKWY

JACKSONVILLE, FL 32246

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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:

Kelly S. Hernandez

7/8/99 904/905-6160

Date:

Daytime Phone #

CR2E034 (11/98)