

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90055 046 ***150.00

DOCUMENT # J84128

1. Entity Name
HEALTH OPTIONS DIVERSIFIED, INC.

Principal Place of Business

Mailing Address

AG027405

2. Principal Place of Business

C/O KELLY HERNANDEZ
Suite, Apt. #, etc. **100-7**
4800 Deerwood Campus Pkwy
City & State
Jacksonville, FL

3. Mailing Address

C/O KELLY HERNANDEZ
Suite, Apt. #, etc. **100-7**
4800 Deerwood Campus Pkwy
City & State
Jacksonville, FL

DO NOT WRITE IN THIS SPACE

Zip **32246** Country **U.S.**

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4. FEI Number
59-2846848

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KELLY S. HERNANDEZ
4800 DEERWOOD CAMPUS PARKWAY
LEGAL AFFAIRS, BUILDING 100, 7th FLOOR
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Kelly S. Hernandez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/15/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOERR, R CHRIS 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246-8273	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRIGHT, THOMAS E. 8132 WEKIVA WAY JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENEVENTO, BARBARA G. 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D CAScone, JR., MICHAEL 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, KELLY S. 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LUFRANO, ROBERT I., M.D. 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kelly S. Hernandez* **2/15/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904/905-6160

CR2E034 (9/99)