

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84128

1. Entity Name

HEALTH OPTIONS DIVERSIFIED, INC.

Principal Place of Business

C/O KELLY HERNANDEZ
4800 DEERWOOD CAMPUS PKWY 100-7
JACKSONVILLE FL 32246
US

Mailing Address

C/O KELLY HERNANDEZ
4800 DEERWOOD CAMPUS PKWY 100-7
JACKSONVILLE FL 32246
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENEVENTO, BARBARA G
4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LUFRANO, ROBERT I M.D.
4800 DEERWOOD CAMPUS PKWY
JACKSONVILLE FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALBRIGHT, THOMAS E.
C/O KELLY HERNANDEZ
JACKSONVILLE FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/01

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90079 049 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)