

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90005 046 ***150.00

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
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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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	DOERR, R C	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	

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

TITLE	C/D	<input type="checkbox"/> Delete
NAME	CAScone, MICHAEL JR.	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BENEVENTO, BARBARA G	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, KELLY S	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUFRANO, ROBERT I M.D.	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBRIGHT, THOMAS E.	
STREET ADDRESS	C/O KELLY HERNANDEZ	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albright, Thomas E.	
STREET ADDRESS	4800 Deerwood Campus Parkway 100-8	
CITY-ST-ZIP	Jacksonville, FL 32246	

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 Hernandez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02
 Date

Daytime Phone #

CP2E034 (9/01)