

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90320 011 ***150.00

DOCUMENT # J84128

1. Entity Name
HEALTH OPTIONS DIVERSIFIED, INC.



Principal Place of Business Mailing Address
~~C/O KELLY R. SULLIVAN~~ ~~C/O KELLY R. SULLIVAN~~
4800 DEERWOOD CAMPUS PKWY 100-7 4800 DEERWOOD CAMPUS PKWY 100-7
JACKSONVILLE, FL 32246 US JACKSONVILLE, FL 32246 US

2. Principal Place of Business 3. Mailing Address
4800 Deerwood Campus Pkwy 4800 Deerwood Campus Pkwy

Suite, Apt. #, etc.
100-7

Suite, Apt. #, etc.
100-7

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32246 US

Zip Country
32246 US

01202004 Chg-P CR2E034 (10/03)

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

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

7. Name and Address of New Registered Agent

Name **Seth M. Phelps**
Street Address (P.O. Box Number is Not Acceptable) **4800 Deerwood Campus Parkway**
BLDG. 100-7
City **Jacksonville** FL Zip Code **32246**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Seth M. Phelps*

4/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE TD ☐ Delete
NAME DOERR, R C
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE, FL 322468273

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

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

TITLE S ☒ Delete
NAME SULLIVAN, KELLY R
STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY
CITY-ST-ZIP JACKSONVILLE, FL 32246

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T/D ☒ Change ☐ Addition
NAME Doerr, R. Chris
STREET ADDRESS 4800 Deerwood Campus Pkwy 100-8
CITY-ST-ZIP Jacksonville, FL 32246-8273

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

TITLE D, ☒ Change ☐ Addition
NAME Benevento, Barbara G
STREET ADDRESS 5011 Gate Parkway Bldg. 200 Suite 300
CITY-ST-ZIP Jacksonville, FL 32246

TITLE S ☐ Change ☒ Addition
NAME Seth M. Phelps
STREET ADDRESS 4800 Deerwood Campus Pkwy 100-7
CITY-ST-ZIP Jacksonville, FL 32246

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Seth M. Phelps*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

904 905-8217
Daytime Phone #

Seth M. Phelps