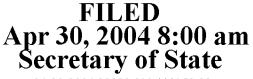
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # J84128  1. Entity Name HEALTH OPTIONS DIVERSIFIED, INC.					04-30-2004 90320 011 ***150.00			
	<del>. Sullivan</del> Vood Campus PKWY 100-7	Mailing Address <del>C/O KELLY R. SULLIVAN</del> 4800 DEERWOOD CAMPUS PKWY 100-7  JACKSONVILLE, FL 32246 US			UZUZUZUZ			
		3. Mailing Address  4800 Deerwood Campus Pkwy Suite, Apt. #, etc.		kwy			,, =1517-4. 1/ 1051	
Suite, Apr. #, etc. 100-7 City & State		100-7 City & State		01202004 4. FEI Number	Chg-P	CR2E034 (10/0	Applied For	
Jacksonville, FL Zip Country		Jacksonville, FL Zip Country		59-28468		\$8.75	Not Applicable Additional	
32246	US	32246	US	5. Certificate of		Fee Req		
	6. Name and Address of Current R	egistered Agent	Name	7. Name and A	ddress of New R	egistered Agent	<del></del>	
SULLIVAN, KELLY R Seti					h M. Phelps			
4800 DEERWOOD CAMPUS PARKWAY Street Address				lress (P.O. Box Number   4800 Deerw	(P.O. Box Number is Not Acceptable) OO Deerwood Campus Parkway			
LEGAL AFFAIRS, BUILDING 100, 7TH FLOOR  JACKSONVILLE, FL 32246				BLDG. 100-7				
City			City	Jacksonville FL Zip 32246				
6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and after 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				
After Ma	ay 1, 2004 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contr		Added to Fees ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECT		
After Ma	ay 1, 2004 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contr	11.	Added to Fees  ADDITIONS/CI		CERS AND DIRECT		
After Ma	ay 1, 2004 Fee will be \$550.00 OFFICERS AND D	Trust Fund Contr	ibution.	Added to Fees  ADDITIONS/CI T/D Doerr, R. (	Chris	Chan	nge 🔲 Addition	
10. TITLE NAME STREET ADDRESS	OFFICERS AND D  OFFICERS AND D  TD  DOERR, R C  4800 DEERWOOD CAMPUS PKW	Trust Fund Contr	11. TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CI	Chris	Chan	nge □ Áddítion -8	
After Ma	OFFICERS AND D  OFFICERS AND D  TD  DOERR, R C  4800 DEERWOOD CAMPUS PKW JACKSONVILLE, FL 322468273  C/D  CASCONE, MICHAEL JR.	Trust Fund Contr	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CI T/D Doerr, R. (	Chris	S Pkwy 100- 2246-8273	nge □ Áddítion -8	
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12. Thereby certify that the information supplied with this filling 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:

ATURE AND TYPED OR PRINTED NAME OF SHIRING OFFICER OR DIRECTOR

904 905-8747