

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90562 029 ***150.00

DOCUMENT # J84128

1. Entity Name
HEALTH OPTIONS DIVERSIFIED, INC.



Principal Place of Business

**4800 DEERWOOD CAMPUS PKWY #100-7
JACKSONVILLE, FL 32246 US**

Mailing Address

**4800 DEERWOOD CAMPUS PKWY #100-7
JACKSONVILLE, FL 32246 US**

DO NOT WRITE IN THIS SPACE



04052005 No 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

**PHELPS, SETH M
4800 DEERWOOD CAMPUS PARKWAY
BLDG. 100-7
JACKSONVILLE, FL 32246**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
DOERR, R C
4800 DEERWOOD CAMPUS PKWY #100-8
JACKSONVILLE, FL 322468273**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BENEVENTO, BARBARA G
5011 GATE PARKWAY BLDG 200 STE 300
JACKSONVILLE, FL 32246**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
PHELPS, SETH M
4800 DEERWOOD CAMPUS PKWY #100-7
JACKSONVILLE, FL 32246**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 **Seth M. Phelps**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/05

Date

904-905-8747

Daytime Phone #