

J84128

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DIVISION OF CORPORATIONS  
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w/Notice

07/13/05

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Health Options Diversified, Inc.

**DOCUMENT NUMBER:** J 84128

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Seth M. Phelps

(Name of Person)

Health Options, Inc.

(Name of Firm/Company)

4800 Deerwood Campus Parkway 100-7

(Address)

Jacksonville, Florida 32246

(City/State/and Zip Code)

For further information concerning this matter, please call:

Seth M. Phelps

at

(904) 905-8747

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status<br>& Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|--|

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SEE ATTACHED

FIRST: The name of the corporation as currently filed with the Department of State: \_\_\_\_\_

SECOND: The document number of the corporation (if known): \_\_\_\_\_

THIRD: The date of dissolution was authorized: \_\_\_\_\_

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
(Title of person signing)

**Filing Fee: \$35**

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DIVISION OF CORPORATIONS  
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**ARTICLES OF DISSOLUTION**  
**FLORIDA DISSOLUTION**  
**OF**  
**HEALTH OPTIONS DIVERSIFIED, INC.**

Pursuant to Section 607.1403 of the Florida Business Corporation Act of Florida, the undersigned Corporation adopts these Articles of Dissolution.

**ARTICLE ONE**  
**HEALTH OPTIONS DIVERSIFIED, INC.**

The name of the Corporation is Health Options Diversified, Inc.

**ARTICLE TWO**  
**DISSOLUTION AUTHORIZED**

Dissolution of the Corporation was authorized on June 21, 2005.

**ARTICLE THREE**  
**SHAREHOLDER APPROVAL**

The number of votes cast by the shareholders for dissolution was **sufficient** for approval.

{continued}

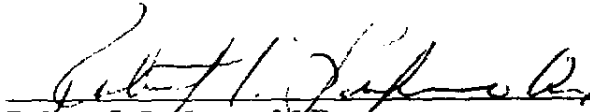
ARTICLE FOUR

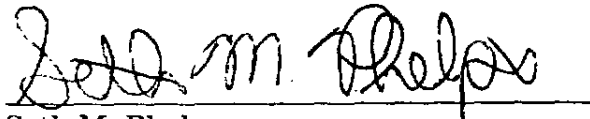
DISPOSITION OF ASSETS

The secretary of Health Options Diversified, Inc. is hereby authorized to coordinate with the employees of the shareholder to satisfy any and all outstanding debts remaining of the Corporation and distribute the remaining assets to the shareholders in proportion to their ownership of the Corporation.

Dated: 6/27/05

Health Options Diversified, Inc.

  
Robert I. Lufrano, M.D.,  
President

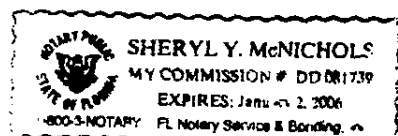
  
Seth M. Phelps,  
Secretary

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me on 6-27-05, by the shareholders of Health Options Diversified, Inc., on behalf of the Corporation.

  
Notary Public  
My Commission Expires: 1-2-06

*Personally Known* ✓



### Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "**Notice of Corporate Dissolution**" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Health Options Diversified, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the **Articles of Dissolution**.

Description of information that must be included in a claim:

Name of Claimant

Identification Number applicable to dispute

Member, Provider or Vendor Issue

Description of Complaint Including All Details Known

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Seth M. Phelps

4800 Deerwood Campus Parkway #100-7

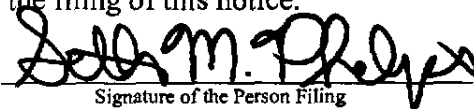
Jacksonville, Florida

32246

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Seth M. Phelps

Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00