

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J84128**

1. Entity Name
HEALTH OPTIONS DIVERSIFIED, INC.



04-29-2003 90057 033****150.00
FILED J84128
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 20 AM 8:25

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2846848**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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 Agents signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. 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	C/D	<input type="checkbox"/> Delete
NAME	CASCONE, MICHAEL JR.	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENEVENTO, BARBARA G	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, KELLY S	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUFFRANO, ROBERT I M.D.	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALBRIGHT, THOMAS E	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY. #100-8	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 (904) 905-6160

Date Daytime Phone #

CR2E034 (10/02)