FILE NOW: FILING FEE AFTER MAY 1ST IS $550.0(

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 26 AM 11:16

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M90511

1. Corporation Name

Health Options Connect, Inc.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address
21 4800 Deerwood Campus Pkwy	26 4800 Deerwood Campus Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 Attn: Kelly S. Hernandez
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip / Country	Zip / Country
24 32246 / 25 U.S.	29 32246 / 30 U.S.

4. FEI Number: 42-1341161 (Applied For / Not Applicable)

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Kelly S. Hernandez
82 Street Address (P.O. Box Number is Not Acceptable): 4800 Deerwood Campus Pkwy
83 Bldg 100-7
84 City: Jacksonville FL 85 Zip Code: 32246

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kelly S. Hernandez 4/13/99
Signature, typed or printed, of new registered agent and title if applicable (NOTE: Required if Agent is changed) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE C/D	[ ] DELETE	11 TITLE [ ] Change [ ] Add
NAME Cascone, Michael, Jr.		12 NAME
STREET ADDRESS 4800 Deerwood Campus Pkwy		13 STREET ADDRESS
CITY-ST-ZIP Jacksonville, FL 32246		14 CITY-ST-ZIP
TITLE P/D	[ ] DELETE	21 TITLE [ ] Change [ ] Add
NAME Lufrano, Robert I., M.D.		22 NAME
STREET ADDRESS 4800 Deerwood Campus Pkwy		23 STREET ADDRESS
CITY-ST-ZIP Jacksonville, FL 32246		24 CITY-ST-ZIP
TITLE S	[ ] DELETE	31 TITLE [ ] Change [ ] Add
NAME Kelly S. Hernandez		32 NAME
STREET ADDRESS 4800 Deerwood Campus Pkwy		33 STREET ADDRESS
CITY-ST-ZIP Jacksonville, FL 32246		34 CITY-ST-ZIP
TITLE T/D	[ ] DELETE	41 TITLE [ ] Change [ ] Add
NAME Doerr, R. Chris		42 NAME
STREET ADDRESS 4800 Deerwood Campus Pkwy		43 STREET ADDRESS
CITY-ST-ZIP Jacksonville, FL 32246		44 CITY-ST-ZIP
TITLE D	[ ] DELETE	51 TITLE [ ] Change [ ] Add
NAME Bagni, Bruce N.		52 NAME
STREET ADDRESS 4800 Deerwood Campus Pkwy		53 STREET ADDRESS
CITY-ST-ZIP Jacksonville, FL 32246		54 CITY-ST-ZIP
TITLE D	[ ] DELETE	61 TITLE [ ] Change [ ] Add
NAME Grantham, L. Joseph		62 NAME
STREET ADDRESS 4800 Deerwood Campus Pkwy		63 STREET ADDRESS
CITY-ST-ZIP Jacksonville, FL 32246		64 CITY-ST-ZIP

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly S. Hernandez 4/13/99 904/905-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number