

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M90511**

1. Entity Name
Health Options Connect, Inc.

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90055 048 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business
4800 Deerwood Campus Pkwy
Suite, Apt. #, etc.
City & State
Jacksonville, FL 32246
Zip
32246 Country
U.S.

3. Mailing Address
4800 Deerwood Campus Pkwy
Suite, Apt. #, etc.
Attn: Kelly S. Hernandez
City & State
Jacksonville, FL
Zip
32246 Country
U.S.

A0027403

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1341161 Applied For
☐ Not Applicable

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

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

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.

SIGNATURE *Kelly S. Hernandez* 2/15/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Cascone, Michael, Jr. 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Lufrano, Robert I., M.D. 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hernandez, Kelly S. 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Doerr, R. Chris 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bagni, Bruce N. 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grantham, L. Joseph 4800 Deerwood Campus Pkwy Jacksonville, FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kelly S. Hernandez* 2/15/00 904/905-6160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)