

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90320 012 ***150.00

DOCUMENT # M90511

1. Entity Name
HEALTH OPTIONS CONNECT, INC.



Principal Place of Business
**4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246 US**

Mailing Address
~~% KELLY R. SULLIVAN~~
**4800 DEERWOOD CAMPUS PARKWAY
JACKSONVILLE, FL 32246**

J4U4b4J3



2. Principal Place of Business

3. Mailing Address

4800 Deerwood Campus Pkwy

01202004

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100-7

City & State

City & State

Jacksonville, FL

4. FEI Number

42-1341161

Applied For

Not Applicable

Zip

Country

Zip

Country

32246

US

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

**SULLIVAN, KELLY R
4800 DEERWOOD CAMPUS PARKWAY
BLDG. 100-7
JACKSONVILLE, FL 32246**

Name

Seth M. Phelps

Street Address (P.O. Box Number is Not Acceptable)

4800 Deerwood Campus Parkway

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. I am familiar with, and accept the obligation of registered agent.

SIGNATURE

Seth M. Phelps

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

(NOTE: Registered Agent signature required when reinstating)

4/27/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 **D** ☒ Delete
NAME **CASCONE, MICHAEL JR.**
STREET ADDRESS **4800 DEERWOOD CAMPUS PARKWAY 100-8**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **PC** ☐ Delete
NAME **LUFRANO, ROBERT I M.D.**
STREET ADDRESS **4800 DEERWOOD CAMPUS PARKWAY 100-8**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **S** ☒ Delete
NAME **SULLIVAN, KELLY R**
STREET ADDRESS **4800 DEERWOOD CAMPUS PARKWAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **TD** ☐ Delete
NAME **DOERR, R. CHRIS**
STREET ADDRESS **4800 DEERWOOD CAMPUS PARKWAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **D** ☐ Delete
NAME **BAGNI, BRUCE N**
STREET ADDRESS **4800 DEERWOOD CAMPUS PARKWAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **D** ☐ Delete
NAME **GRANTHAM, L. JOSEPH**
STREET ADDRESS **4800 DEERWOOD CAMPUS PARKWAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **Seth M. Phelps**
STREET ADDRESS **4800 Deerwood Campus Pkwy 100-7**
CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Seth M. Phelps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

DATE

904-905-8747

DEVICE PHONE #

Seth M. Phelps