FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 21 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28860** **(5)**

1. Corporation Name
FHC OPTIONS, INC.

Principal Place of Business	Mailing Address
240 CORPORATE BLVD. STE. 400 NORFOLK VA 23502	240 CORPORATE BLVD. STE. 400 NORFOLK VA 23502

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/05/1990	3a. Date of Last Report: 02/22/1994
4. FEI Number: 54-1414194	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	DOZORETA, RONALD I.	12 NAME	Ronald I. Dozoretz, M.D.	
STREET ADDRESS	8408 OCEAN FRONT	13 STREET ADDRESS	215 Brook Ave. Unit 1001	
CITY-ST-ZIP	VIRGINIA BEACH VA	14 CITY-ST-ZIP	Norfolk, VA 23510	
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	TAUSIG, WILLIAM B.	22 NAME		
STREET ADDRESS	5444 HARGROVE BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☒ Change ☐ Addition
NAME	MCWATERS, JEFFREY L.	32 NAME	*Delete McWaters, Jeffrey	
STREET ADDRESS	3204 NINE ELMS	33 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	BROWNE, JUDITH H.	42 NAME		
STREET ADDRESS	211 86TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	NUSS, GLORIA J.	52 NAME		
STREET ADDRESS	1501 COLLINSWOOD TRAIL	53 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	54 CITY-ST-ZIP		
TITLE	C	61 TITLE	V	☒ Change ☐ Addition
NAME	FERRANTE, DENNA L.	62 NAME	Fowle, Don M.D.	
STREET ADDRESS	1005 SAN JOSE COURT	63 STREET ADDRESS	240 Corporate Blvd.	
CITY-ST-ZIP	VIRGINIA BEACH VA	64 CITY-ST-ZIP	Norfolk, VA 23502	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an amendment with an address.

SIGNATURE: William B. Tausig 4/4/95 (804) 459-5124
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

047A00 FP