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Feb 06 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28860 (5)

1. Corporation Name
FHC OPTIONS, INC.

Principal Place of Business

Mailing Address

240 CORPORATE BLVD.
STE. 400
NORFOLK VA 23502240 CORPORATE BLVD.
STE. 400
NORFOLK VA 23502-4950

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEVE LINEHAN	
STREET ADDRESS	240 CORPORATE BLVD.	
CITY - ST - ZIP	NORFOLK VA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DAVID HUNSAKER	
STREET ADDRESS	240 CORPORATE BLVD.	
CITY - ST - ZIP	NORFOLK VA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHARON TOLIVER	
STREET ADDRESS	240 CORPORATE BLVD.	
CITY - ST - ZIP	NORFOLK VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETE BIAGIONI	
STREET ADDRESS	240 CORPORATE BLVD.	
CITY - ST - ZIP	NORFOLK VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JIM JAMES	
STREET ADDRESS	240 CORPORATE BLVD.	
CITY - ST - ZIP	NORFOLK VA	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Gloria J. Nuss	
STREET ADDRESS	240 Corporate Blvd.	
CITY - ST - ZIP	Norfolk, VA 23502	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Judith H. Browne	
2.3 STREET ADDRESS	240 Corporate Blvd.	
2.4 CITY - ST - ZIP	Norfolk, VA 23502	
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ronald I. Dozoretz, M.D.	
4.3 STREET ADDRESS	240 Corporate Blvd.	
4.4 CITY - ST - ZIP	Norfolk, VA 23502	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael A. Taylor	
5.3 STREET ADDRESS	240 Corporate Blvd.	
5.4 CITY - ST - ZIP	Norfolk, VA 23502	
6.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Don J. Fowls, M.D.	
6.3 STREET ADDRESS	240 Corporate Blvd.	
6.4 CITY - ST - ZIP	Norfolk, VA 23502	

14. I do 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.

SIGNATURE:

Michael A. Taylor, Treasurer

757-459-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)