

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P28860** (5)
1. Corporation Name
FHC OPTIONS, INC.



Principal Place of Business 240 CORPORATE BLVD. STE. 400 NORFOLK VA 23502	Mailing Address 240 CORPORATE BLVD. STE. 400 NORFOLK VA 23502
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/05/1990	
21		26		4. FET Number 54-1414194	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE FL 32301		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE LINEHAN	1.2 NAME	Ronald I. Dozoretz, M.D.
STREET ADDRESS	240 CORPORATE BLVD.	1.3 STREET ADDRESS	240 Corporate Blvd.
CITY-ST-ZIP	NORFOLK VA	1.4 CITY-ST-ZIP	Norfolk, VA 23502
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH H BROWNE	2.2 NAME	Edward C. Irby, Jr.
STREET ADDRESS	240 CORPORATE BLVD	2.3 STREET ADDRESS	240 Corporate Blvd.
CITY-ST-ZIP	NORFOLK VA 23502	2.4 CITY-ST-ZIP	Norfolk, VA 23502
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON TOLIVER	3.2 NAME	Gloria J. Nuss
STREET ADDRESS	240 CORPORATE BLVD.	3.3 STREET ADDRESS	240 Corporate Blvd.
CITY-ST-ZIP	NORFOLK VA	3.4 CITY-ST-ZIP	Norfolk, VA 23502
TITLE	CEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD I DOZORETZ, MD	4.2 NAME	
STREET ADDRESS	240 CORPORATE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23502	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL A TAYLOR	5.2 NAME	
STREET ADDRESS	240 CORPORATE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23502	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FWLS, DON J M.D.	6.2 NAME	
STREET ADDRESS	240 CORPORATE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA 23502	6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ Michael A. Taylor

CR2E034 (10/97)