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 MAY 22 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014384

1. Corporation Name
HEALTH OPTIONS INTERNATIONAL, INC.

500001497895
-05/24/95--01028--022
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address
631 De Soto Drive
Tierra Verde, FL 33715

3. Date Incorporated or Qualified: 2-18-94
3a. Date of Last Report: 12-31-94

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

4. FEI Number: 59-3227288 — 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: James J Burrows
82 Street Address (P.O. Box Number is Not Acceptable): 631 De Soto Drive
83
84 City: Tierra Verde FL 65 Zip Code: 33715

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: James J Burrows — James J Burrows — 5/12/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	11 TITLE P — 12 NAME L. Jean Grieme — 13 STREET ADDRESS 631 Desoto Drive — 14 CITY-ST-ZIP Tierra Verde FL, 33715 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	21 TITLE V — V. President - OPERATIONS — 22 NAME L. Jean Grieme — 23 STREET ADDRESS 631 Desoto Drive — 24 CITY-ST-ZIP Tierra Verde FL 33715 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	31 TITLE S — Secretary — 32 NAME L. Jean Grieme — 33 STREET ADDRESS 631 Desoto Drive — 34 CITY-ST-ZIP Tierra Verde FL 33715 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE T — Treasurer — 42 NAME James J Burrows — 43 STREET ADDRESS 631 De Soto Dr — 44 CITY ST ZIP Tierra Verde FL 33715 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE C — Chairman - CEO — 52 NAME James J Burrows — 53 STREET ADDRESS 631 DeSoto Drive — 54 CITY ST ZIP Tierra Verde FL 33715 — ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE V — Vice President - Sales/ Maureen Gonsra Marketing — 62 NAME — 63 STREET ADDRESS 631 DeSoto Dr — 64 CITY ST ZIP Tierra Verde FL 33715 — ☐ Change ☑ Addition

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 to the attachment with an address.

SIGNATURE: James J Burrows — James J Burrows — 5/12/95 — (813)4416597
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — (Daytime Phone #)