

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040720

Entity Name: U.S. HEALTH OPTIONS, INC.

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

1801 LEE ROAD., STE 375
WINTER PARK, FL 32789

New Principal Place of Business:

200 COLONIAL CENTER PARKWAY
SUITE 270
LAKE MARY, FL 32746 US

Current Mailing Address:

1801 LEE ROAD., STE 375
WINTER PARK, FL 32789

New Mailing Address:

200 COLONIAL CENTER PARKWAY
SUITE 270
LAKE MARY, FL 32746 US

FEI Number: 59-3574250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORBERG, GUY
200 COLONIAL CENTER PARKWAY
SUITE 270
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: NORBERG, GUY
Address: 1801 LEE ROAD., STE 375
City-St-Zip: WINTER PARK, FL 32789

Title: VD () Delete
Name: FRAGA, GUSTAVO
Address: 1801 LEE ROAD., STE 375
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: NORBERG, GUY P
Address: 200 COLONIAL CENTER PARKWAY SUITE 270
City-St-Zip: LAKE MARY, FL 32746 US

Title: VD (X) Change () Addition
Name: FRAGA, GUSTAVO L
Address: 200 COLONIAL CENTER PARKWAY
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY P. NORBERG

PSTD

01/11/2005

Electronic Signature of Signing Officer or Director

Date