

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G86938

**FILED**  
**Apr 01, 2019**  
**Secretary of State**  
**4130225212CC**

**Entity Name:** HEALTH OPTIONS, INC.

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246 US

**FEI Number:** 59-2403696

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PHELPS, SETH M  
4800 DEERWOOD CAMPUS PKWY, DC1-7.  
JACKSONVILLE, FL 32246 US

*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

**Officer/Director Detail :**

Title CEO AND CHAIRMAN  
Name URBANEK, JOHN  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER  
Name COATS, WILLIAM  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-6  
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY  
Name PHELPS, SETH M  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-7  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name BAILEY, CARL  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name SCHRADER, ELANA  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER  
Name READ, KIM  
Address 4800 DEERWOOD CAMPUS PKWY, DC  
1-7  
City-State-Zip: JACKSONVILLE FL 32246

Title COO  
Name DIVITA, CHUCK  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-7  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name LEE, PHILLIP  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-7  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHY WELLS FOR SETH PHELPS

**LEGAL CONSULTANT**

**04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date