

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86938

**FILED
Apr 08, 2015
Secretary of State
CC0257031508**

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, PRESIDENT, CHAIRMAN
Name PATEL, PRAKASH
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 MARINO, ANTHONY
Address 4800 DEERWOOD CAMPUS PKWY,
DC1-8
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name HARPER, JANNIFER
Address 4800 DEERWOOD CAMPUS PKWY.,
DC9-5
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: SETH M. PHELPS

SECRETARY

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date