

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G86938

**FILED**  
**Apr 25, 2025**  
**Secretary of State**  
**7693028949CC**

**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:**

MACCARTHY, DEIRDRE  
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:** DEIRDRE MACCARTHY

04/25/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO, CFO, CHAIRMAN  
Name GODDARD, JEFF  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER  
Name PROVENZANO, CRAIG  
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 REGAR, KARI  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title ASST. TREASURER  
Name READ, KIM  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-5  
City-State-Zip: JACKSONVILLE FL 32246

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

Title PRESIDENT  
Name CHALUJA, JUAN  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title ASST. SECRETARY  
Name JOLLY, AREZOU C  
Address 4800 DEERWOOD CAMPUS PARKWAY  
DC 1-7  
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:** SETH PHELPS

**SECRETARY**

04/25/2025

Electronic Signature of Signing Officer/Director Detail

Date