

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86938

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

04/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO AND CHAIRMAN
 Name DIVITA, CHARLES III
 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 SCHRADER, ELANA
 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 URBANEK, JOHN
 Address 4800 DEERWOOD CAMPUS PARKWAY
 DC 1-8
 City-State-Zip: JACKSONVILLE FL 32246

Title CFO
 Name JUSTICE, THURMAN
 Address 4800 DEERWOOD CAMPUS PKWY,
 DC1-8
 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

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date