2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90306 001 ***300.00

DOCUMENT # F97000000778

1. Entity Name
DIVERSIFIED THERAPY CORP.

66406061

Principal Place of Business	Mailing Address
4237 SALISBURY RD. ~~SUITE 308~~ JACKSONVILLE, FL 32216 US	4237 SALISBURY RD ~~SUITE 308~~ JACKSONVILLE, FL 32216 US

03102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 3. Mailing Address

PLEASE NOTE NEW ADDRESS:
Diversified Therapy Corp.
4500 Salisbury Rd., Suite 490
Jacksonville, FL 32216

Suite, Apt. #, etc.
City & State
Zip

4. FEI Number 65-0675277 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLV SUITE 540 JACKSONVILLE, FL 32216	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COB ALMAND, AMOS III ~~4237 SALISBURY RD, STE 308~~ JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4500 Salisbury Rd #490
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO HENRY, JAMES F. H. ~~4237 SALISBURY RD. STE 308~~ JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4500 Salisbury Rd #490
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS GREEN, JUDY ~~4237 SALISBURY RD., STE 308~~ JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4500 Salisbury Rd #490
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WALTER, REESE 4237 SALISBURY RD., STE 308 JACKSONVILLE, FL 32216	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 or 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Amos F. Almand, III Chairman / CFO 3/10/04 904-296-6526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #