

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000778

FILED
Mar 20, 2009
Secretary of State

Entity Name: DIVERSIFIED CLINICAL SERVICES, INC.

Current Principal Place of Business:

4500 SALISBURY RD.
SUITE 300
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4500 SALISBURY RD.
SUITE 300
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 65-0675277 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: NELSON, JEFF
Address: 4500 SALISBURY RD., #300
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD () Delete
Name: MAX, ADAM
Address: 767 FIFTH AVENUE, 48TH FLOOR
City-St-Zip: NEW YORK, NY 10153

Title: CFO () Delete
Name: LAMM, DAVID
Address: 4500 SALISBURY RD., #300
City-St-Zip: JACKSONVILLE, FL 32216

Title: SEC () Delete
Name: BERRY, KIMBERLY
Address: 4500 SALISBURY RD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: HU, EION
Address: 4500 SALISBURY RD., STE 300
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: WILLIAMS, WILLIAM
Address: 4500 SALISBURY RD., #300
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY BERRY

SEC

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date