2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2010
Secretary of State

DOCUMENT# F97000000778

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
Name: NELSON, JEFF
Address: 4500 SALISBURY RD., #300
City-St-Zip: JACKSONVILLE, FL 32216

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

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

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

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

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: KIMBERLY BERRY S 02/01/2010

Electronic Signature of Signing Officer or Director Date