

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 17 PM 11:21

DOCUMENT # **H36645** (0)

1. Corporation Name

DIVERSIFIED HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

C/O BRUCE N. BAGNI
532 RIVERSIDE AVENUE
JACKSONVILLE FL 32202

C/O BRUCE N. BAGNI
532 RIVERSIDE AVENUE
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/03/1985** 3a. Date of Last Report **05/19/1994**

4. FEI Number **59-2468517** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O BRUCE N. BAGNI

22 City & State

27 P. O. BOX 60729
City & State

23 Zip

Country

28 JACKSONVILLE, FL

24 Zip

Country

29 32236-0729

30 Country

9. Name and Address of Current Registered Agent

DAVIDSON, BRUCE A.
532 RIVERSIDE AVENUE
JACKSONVILLE FL 32231

10. Name and Address of New Registered Agent

81 Name **Bagni, Bruce N.**
82 Street Address (P.O. Box Number is Not Acceptable) **532 Riverside Ave.**
83
84 City **Jacksonville** FL 85 Zip Code **32202**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Bruce N. Bagni, General Counsel** DATE **4/10/95**

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered agent signature required at all registrars

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	FLAHERTY, WILLIAM E.
STREET ADDRESS	532 RIVERSIDE AVENUE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	THOMAS, RICHARD L.
STREET ADDRESS	532 RIVERSIDE AVENUE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	CASCONE, MICHAEL, JR.
STREET ADDRESS	532 RIVERSIDE AVENUE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	DAVIDSON, BRUCE A.
STREET ADDRESS	532 RIVERSIDE AVENUE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AT
2.3 STREET ADDRESS	Richards, Charles R.
2.4 CITY - ST - ZIP	44 Village Walk Dr. Ponte Vedra Beach, FL 32082
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Michael Cascone, Jr., Director** *Michael Cascone Jr.* 4-10-95 (904) 791-6115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR