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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H36645** (0)

1. Corporation Name
DIVERSIFIED HEALTH SERVICES, INC.



Principal Place of Business
**C/O BRUCE N. BAGNI
532 RIVERSIDE AVENUE
JACKSONVILLE FL 32202**

Mailing Address
**% BRUCE N. BAGNI
PO BOX 60729
JACKSONVILLE FL 32236-0729
US**

3. Date Incorporated or Qualified 01/03/1985	3a. Date of Last Report 03/04/1996
4. FEI Number 59-2468517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**BAGNI, BRUCE N.
532 RIVERSIDE AVE.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FLANERTY, WILLIAM E.
STREET ADDRESS	532 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, CHARLES R.
STREET ADDRESS	44 VILLAGE WALK DR.
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CASCONE, MICHAEL, JR.
STREET ADDRESS	532 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, BRUCE A.
STREET ADDRESS	532 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD DOERR, R. CHRIS
2.3 STREET ADDRESS	8031 ACORN RIDGE ROAD
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256
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 checked="" type="checkbox"/> Addition
4.2 NAME	S BAGNI, BRUCE N.
4.3 STREET ADDRESS	2307 GREENSIDE CT.
4.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, 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: *Bruce N. Bagni* Date: **2/6/97** Daytime Phone #: **904 791-8116**

CR2E034 (9/96)