

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H36645 (0)**  
 1. Corporation Name  
**DIVERSIFIED HEALTH SERVICES, INC.**



Principal Place of Business <b>C/O BRUCE N. BAGNI                  532 RIVERSIDE AVENUE                  JACKSONVILLE FL 32202</b>	Mailing Address <b>% BRUCE N. BAGNI                  PO BOX 60729                  JACKSONVILLE FL 32236-0729                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/03/1985</b>	
2. Principal Place of Business <b>21 c/o Bruce N. Bagni</b>	2a. Mailing Address <b>26</b>
4. FEI Number <b>59-2468517</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BAGNI, BRUCE N.                  532 RIVERSIDE AVE.                  JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent	
		81 Name <b>Bagni, Bruce N.</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>4800 Deerwood Campus Parkway</b>	
		83 Building <b>Building 100, 8th Floor</b>	
		84 City <b>Jacksonville</b>	85 Zip Code <b>FL 32246-8273</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	FLAHERTY, WILLIAM E. 532 RIVERSIDE AVENUE JACKSONVILLE FL	1.1 TITLE <b>PD</b>	Flaherty, William E. 4800 Deerwood Campus Parkway Jacksonville, FL 32246-8273
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	DOERR, CHRIS R 8031 ACORN RIDGE RD JACKSONVILLE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	CASCONE, MICHAEL, JR. 532 RIVERSIDE AVENUE JACKSONVILLE FL	3.1 TITLE <b>D</b>	Cascone, Michael Jr. 4800 Deerwood Campus Parkway Jacksonville, FL 32246-8273
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>S</b>	BAGNI, BRUCE N 2307 GREENSIDE CT. PONTE VEDRA BEARCH FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 employed 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 exhibit.

SIGNATURE: *Bruce N. Bagni* **Bruce N. Bagni**

CR2E034 (10/97)