


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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90203 041 \*\*\*150.00

0047161

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # H36645**

1. Corporation Name  
**DIVERSIFIED HEALTH SERVICES, INC.**

Principal Place of Business C/O BRUCE N BAGNI 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE FL 32246-273 US	Mailing Address % BRUCE N. BAGNI PO BOX 60729 JACKSONVILLE FL 32236 US
------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>01/03/1985</b>	
4. FEI Number <b>59-2468517</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GANI, BRUCE N**  
**4800 DEERWOOD CAMPUS PARKWAY**  
**BUILDING 100, 8TH FLOOR**  
**JACKSONVILLE FL 32246-8273**

10. Name and Address of New Registered Agent

81 Name <b>Bruce N. Bagni</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</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: *Bruce N. Bagni* (NOTE: Registered Agent signature required when reinstating) DATE: **4/15/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLAHERTY, WILLIAM E.	
STREET ADDRESS	4800 DEERWOOD CAMPUS PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DOERR, CHRIS R	
STREET ADDRESS	8031 ACORN RIDGE RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASCONE, MICHAEL, JR.	
STREET ADDRESS	4800 DEERWOOD CAMPUS PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BAGNI, BRUCE N	
STREET ADDRESS	2307 GREENSIDE CT.	
CITY-ST-ZIP	PONTE VEDRA BEARCH 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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lufrano, Robert I, M.D.	
1.3 STREET ADDRESS	4800 Deerwood Campus Pkwy	
1.4 CITY-ST-ZIP	Jacksonville, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 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, with all other like empowered.

SIGNATURE: *Bruce N. Bagni* (NOTE: Registered Agent signature required when reinstating) DATE: **4/15/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_

CR2E034 (1/1/98)