FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 02, 2000 8:00 am Secretary of State **DOCUMENT # H36645** 1. Entity Name DIVERSIFIED HEALTH SERVICES, INC. 02-02-2000 90126 047 ***150.00 Principal Place of Business Mailing Address % BRUCE N. BAGNI JO BRUCE N BAGNI 1000 DEERWOOD CAMPUS PKWY PO BOX 60729 B0010304 IACKSONVILLE FL 32246-273 JACKSONVILLE FL 32236-0729 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2468517 Not Applicable Zĩp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Bruce N. Bagni GANI, BRUCE N Street Address (P.O. Box Number is Not Acceptable) 4800 Deerwood Campus Parkway 4800 DEEERWOOD CAMPUS PARKWAY **BUIDLING 100, 8TH FLOOR** Building 100, 8th Floor JACKSONVILLE FL_32246-8273 Jacksonville 32246-8273 ibmits this statement for the purpose of changing jik registered office or registered agent, or both, in the State of Florida 8. The above named, SIGNATURE Agent signature required when reinstating) DATE FILE NOW!!! FEETS \$150.00 9. This comporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) ☐ Addition Change ☐ Delete TITLE TITLE LUFRANO, ROBERT I M.D. NAME NAME 4800 DEERWOOD CAMPUS PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32246-8273 TD Change Addition ☐ Defete TITLE TITLE DOERR, CHRIS R NAME NAME 8031 ACORN RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE CASCONE, MICHAEL, JR. NAME NAME 4800 DEERWOOD CAMPUS PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32246-8273 CITY-ST-ZIP X Change ☐ Addition TITLE ☐ Delete BAGNI, BRUCE N BAGNI, BRUCE N NAME NAME STREET ADDRESS 4800 Deerwood Campus Parkway, 108 2307 GREENSIDE CT. STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 32246-8273 PONTE VEDRA BEARCH FL CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachmen

Daytime Phone #

SIGNATURE: