

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90023 002 ***150.00

DOCUMENT # H36645

1. Entity Name

DIVERSIFIED HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

C/O BRUCE N BAGNI
 4800 DEERWOOD CAMPUS PKWY
 JACKSONVILLE FL 32246-273
 US

% BRUCE N. BAGNI
 PO BOX 60729
 JACKSONVILLE FL 32236
 US

719633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2468517**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Bruce N. Bagni
 Street Address (P.O. Box Number is Not Acceptable)
4800 Deerwood Campus Parkway
Building 100, 8th Floor
 City
Jacksonville **FL** Zip Code
32246-8273

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUFRANO, ROBERT I M.D	
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	4800 DEERWOOD CAMPUS PKWY., 108	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. Chris Doerr	
STREET ADDRESS	4800 Deerwood Campus Parkway, 108	
CITY-ST-ZIP	Jacksonville, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce N. Bagni

2/8/01 (904)905-8116
 Date Daytime Phone #

CR2E034 (10/00)