

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90068 025 \*\*\*150.00

U.S. GOVERNMENT PRINTING OFFICE: 2001-150-000

**DOCUMENT # H36645**

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

Principal Place of Business <b>C/O BRUCE N BAGNI                  4800 DEERWOOD CAMPUS PKWY                  JACKSONVILLE FL 32246-273                  US</b>	Mailing Address <b>% BRUCE N. BAGNI                  PO BOX 60729                  JACKSONVILLE FL 32236                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2468517</b>	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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, 2002 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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUFRANO, ROBERT I M.D</b>	
STREET ADDRESS	<b>4800 DEERWOOD CAMPUS PARKWAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246-8273</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>DOERR, CHRIS R</b>	
STREET ADDRESS	<b>4800 DEERWOOD CAMPUS PKWY, 108</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CASCOE, MICHAEL, JR.</b>	
STREET ADDRESS	<b>4800 DEERWOOD CAMPUS PARKWAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246-8273</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BAGNI, BRUCE N</b>	
STREET ADDRESS	<b>4800 DEERWOOD CAMPUS PKWY., 108</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		
TITLE	<b>P/C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Cascoe, Michael, Jr.</b>	
STREET ADDRESS	<b>4800 Deerwood Campus Parkway 100-8</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32246</b>	
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:** *Bruce N. Bagni*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**4-24-02** **904 905-8116**  
 Date Daytime Phone #

CR2E034 (9/01)