


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # H36645
1. Entity 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



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2468517

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
BUIDLING 100, 8TH FLOOR
JACKSONVILLE, FL 32246-8273**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000144570
04/30/04-80137-018 150.00

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: LUFRANO, ROBERT I M.D
STREET ADDRESS: 4800 DEERWOOD CAMPUS PARKWAY
CITY-ST-ZIP: JACKSONVILLE, FL 322468273

TITLE: TD
NAME: DOERR, CHRIS R
STREET ADDRESS: 4800 DEERWOOD CAMPUS PKWY, 108
CITY-ST-ZIP: JACKSONVILLE, FL 32246

TITLE: PC6
NAME: CASONE, MICHAEL, JR.
STREET ADDRESS: 4800 DEERWOOD CAMPUS PKWY, 100-8
CITY-ST-ZIP: JACKSONVILLE, FL 32246

TITLE: S
NAME: BAGNI, BRUCE N
STREET ADDRESS: 4800 DEERWOOD CAMPUS PKWY., 108
CITY-ST-ZIP: JACKSONVILLE, FL 32246

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce N. Bagni Date: 4/28/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce N. Bagni