2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attach

SIGNATURE:

address, with all other like empower

Secretary of State DOCUMENT # H36645 03-31-2005 90053 022 ***150.00 DIVERSIFIED HEALTH SERVICES, INC. Principal Place of Business Mailing Address 40043628 C/O BRUCE N BAGNI % BRUCE N. BAGNI 4800 DEERWOOD CAMPUS PKWY PO BOX 60729 JACKSONVILLE, FL 32246-273 US JACKSONVILLE, FL 32236 US 2. Principal Place of Business 3. Mailing Address 4800 Deerwood Campus Pkw 4800 Deerwood Campus Pkwy Suite, Apt, #, etc. Suite, Apt. #, etc. 02142005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Jacksonville, FL Jacksonville, FL 59-2468517 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32246 32246 US US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Seth M. Phelps BAGNI, BRUCE N Street Address (P.O. Box Number is Not Acceptable) 4800 Deerwood Campus Parkway 4800 DEEERWOOD CAMPUS PARKWAY **BUIDLING 100, 8TH FLOOR** JACKSONVILLE, FL 32246-8273 Building 100, 7th Floor City Jacksonville 8. The above narped entity submits this statement for the ourpose 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution, Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS D TITLE Delete TITLE ☐ Change ★★ Addition LUFRANO, ROBERT I M.D. NAME NAME Nickolas Stamatogiannakis 4800 Deerwood Campus Parkway 100-8 STREET ADDRESS 4800 DEERWOOD CAMPUS PARKWAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 322468273 CITY-ST-ZIP Jacksonville, FL 32246 TD TITLE ☐ Detete TITLE ☐ Addition T/C/P NAME DOERR, CHRIS R NAME Chris R Doerr 4800 DEERWOOD CAMPUS PKWY, 108 4800 Deerwood Campus Parkway 100-8 Jacksonville, FL 32246 STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32246 CITY-ST-71P PC6 ☐ Change Addition TITLE Delete TITLE NAME CASCONE, MICHAEL, JR. NAME Duke Livermore STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY, 100-8 STREET ADDRESS 4800 Deerwood Campus Parkway 100-8 JACKSONVILLE, FL 32246 CITY-ST-ZIP CITY-ST-7iP Jacksonville, FL 32246 TITLE ☐ Change ★★ Addition TITLE Delete BAGNI, BRUCE N Seth M. Phelps NAME NAME 4800 DEERWOOD CAMPUS PKWY., 108 STREET ADDRESS STREET ADDRESS 4800 Deerwood Campus Parkway 100-7 CITY-ST-ZIP JACKSONVILLE, FL 32246 CITY-ST-ZIP Jacksonville, FL 32246 ☐ Change ☐ Addition TITLE Delete TITLE 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-ZIP CITY-ST-ZIP 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 reperior 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

FILED Mar 31, 2005 8:00 am