


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90023 025 ***150.00

DOCUMENT # H36645

1. Entity Name
 DIVERSIFIED HEALTH SERVICES, INC.



Principal Place of Business Mailing Address
 C/O BRUCE N BAGNI % BRUCE N. BAGNI
 4800 DEERWOOD CAMPUS PKWY PO BOX 60729
 JACKSONVILLE, FL 32246-273 US JACKSONVILLE, FL 32236 US

60006902

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01092006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2468517		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PHELPS, SETH M 4800 DEERWOOD CAMPUS PARKWAY BUIDLING 100, 7TH FLOOR JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Seth M. Phelps* DATE: 1/18/06

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	STAMAOGIANNAKIS, NICKOLAS 4800 DEERWOOD CAMPUS PKWY 100-8 JACKSONVILLE, FL 32246	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TCP	DOERR, CHRIS R 4800 DEERWOOD CAMPUS PKWY 100-8 JACKSONVILLE, FL 32246	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	LIVERMORE, DUKE 4800 DEERWOOD CAMPUS PKWY, 100-8 JACKSONVILLE, FL 32246	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	PHELPS, SETH M 4800 DEERWOOD CAMPUS PKW 100-7 JACKSONVILLE, FL 32246	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Seth M. Phelps* DATE: 1/18/06 DAYTIME PHONE: 904-905-8747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

