


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90074 025 \*\*\*150.00

DOCUMENT # H36645							
1. Entry Name DIVERSIFIED HEALTH SERVICES, INC.							
Principal Place of Business			Mailing Address				
4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246-273 US			PO BOX 60729 JACKSONVILLE, FL 32236 US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. # etc				
City & State			City & State				
Zip			Country				
4. FEI Number 59-2468517			Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
PHELPS, SETH M 4800 DEERWOOD CAMPUS PARKWAY BUILDING 100, 7TH FLOOR JACKSONVILLE, FL 32246			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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registered) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STAMAOGIANNAKIS, NICKOLAS		NAME				
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-8		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP				
TITLE	TCP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DOERR, CHRIS R		NAME				
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-8		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LIVERMORE, DUKE		NAME				
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY. 100-8		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PHELPS, SETH M		NAME				
STREET ADDRESS	4800 DEERWOOD CAMPUS PKW 100-7		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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 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: <i>Seth M. Phelps</i> Seth M. Phelps			4/17/07 904-905-8747				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							