

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36645

FILED
Mar 19, 2010
Secretary of State

Entity Name: DIVERSIFIED HEALTH SERVICES, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PKWY, 100-7
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 60729
JACKSONVILLE, FL 32236 US

New Mailing Address:

FEI Number: 59-2468517 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PHELPS, SETH M
4800 DEERWOOD CAMPUS PARKWAY
BUILDING 100, 7TH FLOOR
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: DOERR, R. CHRIS
Address: 4800 DEERWOOD CAMPUS PKWY 100-8
City-St-Zip: JACKSONVILLE, FL 32246

Title: S
Name: PHELPS, SETH M
Address: 4800 DEERWOOD CAMPUS PKWY 100-8
City-St-Zip: JACKSONVILLE, FL 32246

Title: C
Name: LIVERMORE, ARNOLD (DUKE)
Address: 4800 DEERWOOD CAMPUS PKWY, 100-8
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SETH M. PHELPS

S

03/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date