

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90140 002 ***150.00



DOCUMENT # H36645
1. Name
DEERWOOD 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 JACKSONVILLE FL 32236
US US



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2468517** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGNI, BRUCE N
4800 DEERWOOD CAMPUS PARKWAY
BUILDING 100, 8TH FLOOR
JACKSONVILLE FL 32246-8273

Name
Street Address (P.O. Box Number is Not Acceptable)
FL Zip Code

8. The above named entity submits this statement for the purposes of the obligations of registered agent.
SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

agent, or both, in the State of Florida. I am familiar with, and accept
4/30/03
DATE

No Change in Agent

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
NAME	LUFRAO, ROBERT I M.D	
STREET ADDRESS	4800 DEERWOOD CAMPUS PARKWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8273	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOERR, CHRIS R	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY, 108	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	PCA	<input type="checkbox"/> Delete
NAME	CASCOE, MICHAEL, JR.	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY, 100-8	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAGNI, BRUCE N	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY., 108	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 employment.

SIGNATURE: *[Signature]* **4/30/03 (904) 905-8116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)