# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Oct 04, 2005**
**Secretary of State**

DOCUMENT# P01000115793

**Entity Name:** DIVERSIFIED FACILITY CARE, INC.

**Current Principal Place of Business:**

1353 CALADESI DRIVE
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

1353 CALADESI DRIVE
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

**FEI Number: 59-3759069** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADLER, ANDREW L ESQ.
501 S. DAKOTA AVE. STE 7
400 NORTH TAMPA STREET, SUITE 2625
TAMPA, FL 33606 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: NAILS, DERRICK
Address: 1353 CALADESI DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: LOPES, WILLIAM E
Address: 857 COLONIAL DRIVE
City-St-Zip: TAMPA, FL 33613

Title: S ( ) Change (X) Addition
Name: LOPES, CATINA B
Address: 857 COLONIAL DRIVE
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DERRICK NAILS D 10/04/2005

Electronic Signature of Signing Officer or Director — Date