

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057245

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: DIVERSIFIED HEALTH VALUE CORPORATION, INC.

**Current Principal Place of Business:**

4532 W. KENNEDY BLVD., SUITE 441  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4532 W. KENNEDY BLVD., SUITE 441  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-2720740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCINTYRE, VALERIE  
4532 W. KENNEDY BLVD., SUITE 441  
TAMPA, FL 33609 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: P/D ( ) Delete  
Name: BRAND-METCALF, DYANA  
Address: 16106 DOWLING CT  
City-St-Zip: TAMPA, FL 33647

Title: VP/D ( ) Delete  
Name: MCINTYRE, VALERIE  
Address: 10009 BRIDGETON DR  
City-St-Zip: TAMPA, FL 33626

Title: T/D ( ) Delete  
Name: METCALF, KYLE  
Address: 16106 DOWLING CT  
City-St-Zip: TAMPA, FL 33647

Title: S/D ( ) Delete  
Name: MCINTYRE, KENNETH  
Address: 10009 BRIDGETON DR  
City-St-Zip: TAMPA, FL 33626

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KENNETH W MCINTYRE

S/D

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date