

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90130 008 \*\*\*150.00

DOCUMENT # 798000044951 ✓

1. Corporation Name

Diversified Service Options, Inc.

Principal Place of Business

532 Riverside Avenue  
Jacksonville, Florida 32202

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

May 19, 1998

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3514333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. \*next pg. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William A. Schwennesen  
4800 Deerwood Campus Parkway 100-7  
Jacksonville, Florida 32246-8273

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William A. Schwennesen* (not changing agent)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 18, 1999

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | C                                    | <input type="checkbox"/> DELETE |
| NAME           | L. Joseph Grantham                   |                                 |
| STREET ADDRESS | 4800 Deerwood Campus Parkway 100-8   |                                 |
| CITY-ST-ZIP    | Jacksonville, Florida 32246-8273     |                                 |
| TITLE          | D                                    | <input type="checkbox"/> DELETE |
| NAME           | R. Chris Doerr                       |                                 |
| STREET ADDRESS | 4800 Deerwood Campus Parkway 100-8   |                                 |
| CITY-ST-ZIP    | Jacksonville, Florida 32246-8273     |                                 |
| TITLE          | D                                    | <input type="checkbox"/> DELETE |
| NAME           | Dorcas R. Hardy, Work Recovery, Inc. |                                 |
| STREET ADDRESS | 11407 Stonewall Jackson Drive        |                                 |
| CITY-ST-ZIP    | Spotsylvania, Virginia 22553         |                                 |
| TITLE          | D                                    | <input type="checkbox"/> DELETE |
| NAME           | Guy Marvin                           |                                 |
| STREET ADDRESS | 4741 Pirates Bay Drive               |                                 |
| CITY-ST-ZIP    | Jacksonville, Florida 32210          |                                 |
| TITLE          | D                                    | <input type="checkbox"/> DELETE |
| NAME           | Byron NhoThompson, Jr.               |                                 |
| STREET ADDRESS | 1200 San Amaro Road                  |                                 |
| CITY-ST-ZIP    | Jacksonville, Florida 32207          |                                 |
| TITLE          | P/CEO                                | <input type="checkbox"/> DELETE |
| NAME           | Curtis Worlford                      |                                 |
| STREET ADDRESS | 532 Riverside Avenue                 |                                 |
| CITY-ST-ZIP    | Jacksonville, Florida 32202          |                                 |

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | T                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Michael Davis               |  |
| 1.3 STREET ADDRESS | 532 Riverside Avenue        |  |
| 1.4 CITY-ST-ZIP    | Jacksonville, Florida 32202 |  |
| 2.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                             |  |
| 2.3 STREET ADDRESS |                             |  |
| 2.4 CITY-ST-ZIP    |                             |  |
| 3.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                             |  |
| 3.3 STREET ADDRESS |                             |  |
| 3.4 CITY-ST-ZIP    |                             |  |
| 4.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                             |  |
| 4.3 STREET ADDRESS |                             |  |
| 4.4 CITY-ST-ZIP    |                             |  |
| 5.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                             |  |
| 5.3 STREET ADDRESS |                             |  |
| 5.4 CITY-ST-ZIP    |                             |  |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                             |  |
| 6.3 STREET ADDRESS |                             |  |
| 6.4 CITY-ST-ZIP    |                             |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Schwennesen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

298000044951  
444845-90130-8

**1999 NONPROFIT CORPORATE ANNUAL REPORT FOR  
DIVERSIFIED SERVICE OPTIONS, INC.**

**Officers and Directors (continued)**

S (Assistant)  
Arezou C. Jolly  
4800 Deerwood Campus Parkway 100-7  
Jacksonville, Florida 32246-8273

S  
William A. Schwennesen  
4800 Deerwood Campus Parkway 100-7  
Jacksonville, Florida 32246-8273

Senior V  
Patricia A. Williams  
532 Riverside Avenue  
Jacksonville, Florida 32202

- \* 8. This corporation owes the current year intangible Personal Property Tax.  
Yes. (Paid as part of consolidated return for BCBSF.)