

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005396

FILED
Apr 23, 2009
Secretary of State

Entity Name: DIVERSIFIED HEALTH PLANS, INC.

Current Principal Place of Business:

861 SW 78TH AVE STE 200
PLANTATION, FL 33324

New Principal Place of Business:

2941 W.CYPRESS CREEK RD.
202
FT.LAUDERDALE, FL 33309

Current Mailing Address:

861 SW 78TH AVE STE 200
PLANTATION, FL 33324

New Mailing Address:

2941 W.CYPRESS CREEK RD.
202
FT.LAUDERDALE, FL 33309

FEI Number: 30-0446247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRERA, CARLOS M D
861 SW 78TH AVE STE 200
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

HERRERA, CARLOS M D
2941 W.CYPRESS CREEK RD.
202
FT. LAUDERDALE, FL 33309 US

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: CARLOS M. HERRERA

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HERRERA, CARLOS
Address: 861 SW 78TH AVE STE 200
City-St-Zip: PLANTATION, FL 33324

Title: DS () Delete
Name: LUIS, RENE
Address: 861 SW 78TH AVE STE 200
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Delete
Name: DISGDIERTT, DANIEL
Address: 861 SW 78TH AVE STE 200
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HERRERA, CARLOS
Address: 2941 W. CYPRESS CREEK RD.; STE202
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: DS (X) Change () Addition
Name: DISGDIERTT, DANIEL
Address: 2941 W. CYPRESS CREEK RD.; STE202
City-St-Zip: FT. LAUDERDALE, FL 33309

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: CARLOS M. HERRERA

DT

04/23/2009

Electronic Signature of Signing Officer or Director

Date