

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36645

**FILED
Mar 29, 2019
Secretary of State
6614311208CC**

Entity Name: DIVERSIFIED HEALTH SERVICES, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PKWY, DC1-7
JACKSONVILLE, FL 32246

Current Mailing Address:

4800 DEERWOOD CAMPUS PKWY, DC1-7
JACKSONVILLE, FL 32246 US

FEI Number: 59-2468517

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PHELPS, SETH M
4800 DEERWOOD CAMPUS PKWY, DC1-7
JACKSONVILLE, FL 32246 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, CEO, TREASURER
Name DIVITA, CHARLES III
Address 4800 DEERWOOD CAMPUS PKWY,
DC1-8
City-State-Zip: JACKSONVILLE FL 32246

Title SECRETARY
Name PHELPS, SETH
Address 4800 DEERWOOD CAMPUS PKWY,
DC1-7
City-State-Zip: JACKSONVILLE FL 32246

Title COO
Name TUCKER, SONDR
Address 532 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ISELIN, SARAH
Address 4800 DEERWOOD CAMPUS PKWY,
DC1-7
City-State-Zip: JACKSONVILLE FL 32246

I hereby 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 all other like empowered.

SIGNATURE: KATHY WELLS FOR SETH PHELPS

LEGAL PROFESSIONAL

03/29/2019

Electronic Signature of Signing Officer/Director Detail

Date