

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H36645

**FILED**  
**Apr 16, 2024**  
**Secretary of State**  
**7032647526CC**

**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:**

MACCARTHY, DEIRDRE  
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:** DEIRDRE MACCARTHY

04/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN, CEO, TREASURER  
Name GODDARD, JEFFREY  
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, DIRECTOR  
Name VAN ESSENDELFT, SETH  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name LEE, PHILLIP  
Address 4800 DEERWOOD CAMPUS  
PARKWAY, DC 1-8  
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:** SETH PHELPS

**SECRETARY**

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date