

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H36645

**FILED  
Mar 23, 2017  
Secretary of State  
CC6136331814**

**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 DIRECTOR  
Name PATEL, PRAKASH DR.  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC1-8  
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR  
Name FISCHER, KIRK  
Address 4800 DEERWOOD CAMPUS PKWY,  
DC3-3  
City-State-Zip: JACKSONVILLE FL 32246

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

*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 M. PHELPS

**SECRETARY**

**03/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date