

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36645

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

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

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date