

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000044951

Entity Name: DIVERSIFIED SERVICE OPTIONS, INC.**Current Principal Place of Business:**532 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202**Current Mailing Address:**532 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202**FEI Number:** 59-3514333**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, THOMAS C
532 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202 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:** THOMAS C. ANDERSON

02/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name ANDERSON, THOMAS C
Address 532 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title CHAIRMAN, CEO
Name COSTON, SANDRA
Address 532 RIVERSIDE AVENUE 20T
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT, COO
Name DIKTER, HARVEY B
Address 532 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER
Name HOGAN, JONATHAN
Address 532 RIVERSIDE AVENUE, 17T
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name RUTH, AMY
Address 4800 DEERWOOD CAMPUS PARKWAY
DC1-8
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name THOMAS, CRAIG
Address 4800 DEERWOOD CAMPUS PARKWAY
DC1-1
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name CRUM-JOHNSON, R
Address 532 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name LEDVINA, K
Address 532 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

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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: THOMAS C. ANDERSON

SECRETARY

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARVIN, G
Address 532 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name RAPHAEL, M
Address 532 RIVERSIDE AVENUE
City-State-Zip: JACKSONVILLE FL 32202