

2013 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

04/16/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name MCDONALD, DEANNA
Address 4800 DEERWOOD CAMPUS PKWY 100
-8
City-State-Zip: JACKSONVILLE FL 32246

Title D
Name WALL, BOB
Address 4800 DEERWOOD CAMPUS PKWY 100
-8
City-State-Zip: JACKSONVILLE FL 32246

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

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

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

Title T
Name HOGAN, JONATHAN
Address 532 RIVERSIDE AVENUE, 17T
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: THOMAS C. ANDERSON**SECRETARY**

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date