

**2015 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

03/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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	AS
Name	DIKTER, HARVEY B
Address	532 RIVERSIDE AVENUE
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:** SANDRA L. COSTON

CEO

03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date