

**2018 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

02/26/2018

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 HARRISON, CAMILLE  
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**

02/26/2018

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