

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000778

Entity Name: DIVERSIFIED CLINICAL SERVICES, INC.**Current Principal Place of Business:**5220 BELFORT ROAD
SUITE 130
JACKSONVILLE, FL 32256**Current Mailing Address:**PO BOX 551187
JACKSONVILLE, FL 32255 US**FEI Number:** 65-0675277**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	CEO
Name	NELSON, JEFF
Address	PO BOX 551187
City-State-Zip:	JACKSONVILLE FL 32255

Title	COO
Name	MARTIN, GREG
Address	PO BOX 551187
City-State-Zip:	JACKSONVILLE FL 32255

Title	CFO, TREASURER
Name	BASSIN, DAVID
Address	PO BOX 551187
City-State-Zip:	JACKSONVILLE FL 32255

Title	SECRETARY
Name	HENSHAW, JARROD
Address	PO BOX 551187
City-State-Zip:	JACKSONVILLE FL 32255

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: DAVID BASSIN

CFO/TREASURER

02/03/2017

Electronic Signature of Signing Officer/Director Detail

Date