

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005159

FILED
May 03, 2005
Secretary of State

Entity Name: DISTINCTIVE HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

5301 PROVIDENCE RD.
SUITE 30
VIRGINIA BEACH, VA 23464

New Principal Place of Business:

5301 PROVIDENCE RD.
SUITE 80
VIRGINIA BEACH, VA 23464

Current Mailing Address:

402 REID AVE.
PORT SAINT JOE, FL 32456

New Mailing Address:

FEI Number: 31-1795141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
206 E. 4TH ST.
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COX, JAMES ALLEN
Address: 402 REID AVE.
City-St-Zip: PORT ST JOE, FL 32456

Title: DST () Delete
Name: HARTLINE, JEFFREY L
Address: 5301 PROVIDENCE RD. STE. 30
City-St-Zip: VIRGINIA BEACH, VA 23434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES ALLEN COX

DP

05/03/2005

Electronic Signature of Signing Officer or Director

Date