


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90023 025 ***150.00

DOCUMENT # H36645		
1. Entity Name DIVERSIFIED HEALTH SERVICES, INC.		

Principal Place of Business C/O BRUCE N BAGNI 4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246-273 US	Mailing Address % BRUCE N. BAGNI PO BOX 60729 JACKSONVILLE, FL 32236 US
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60006902



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2468517	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHELPS, SETH M 4800 DEERWOOD CAMPUS PARKWAY BUIDLING 100, 7TH FLOOR JACKSONVILLE, FL 32246		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Seth M. Phelps</i>	DATE: <i>1/18/06</i>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAMAOGIANNAKIS, NICKOLAS 4800 DEERWOOD CAMPUS PKWY 100-8 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCP DOERR, CHRIS R 4800 DEERWOOD CAMPUS PKWY 100-8 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVERMORE, DUKE 4800 DEERWOOD CAMPUS PKWY, 100-8 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHELPS, SETH M 4800 DEERWOOD CAMPUS PKW 100-7 JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Seth M. Phelps</i>	DATE: <i>1/18/06</i> DAYTIME PHONE: <i>904-905-8747</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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**DIVERSIFIED HEALTH SERVICES, INC.
(CONTINUATION SHEET)**

[illegible]