2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90074 025 ***150.00

DOCUMENT # H36645

1. Entity Name
DIVERSIFIED HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
4800 DEERWOOD CAMPUS PKWY JACKSONVILLE, FL 32246-273 US	PO BOX 60729 JACKSONVILLE, FL 32236 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. # etc
City & State	City & State
Zip / Country	Zip / Country

04042007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2468517 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHELPS, SETH M 4800 DEEERWOOD 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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STAMAOGIANNAKIS, NICKOLAS	NAME	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-8	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	
TITLE	TCP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOERR, CHRIS R	NAME	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-8	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LIVERMORE, DUKE	NAME	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY, 100-8	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHELPS, SETH M	NAME	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKW 100-7	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Seth M. Phelps Seth M. Phelps 4/17/07 904-905-8747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number