

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H36645

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** DIVERSIFIED HEALTH SERVICES, INC.

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY, 100-7  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PKWY, 100-7  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246 US

**FEI Number:** 59-2468517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHELPS, SETH M  
4800 DEERWOOD CAMPUS PARKWAY  
BUILDING 100, 7TH FLOOR  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

PHELPS, SETH M  
4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246 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:

04/13/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CCEO  
Name: DOERR, R. CHRIS  
Address: 4800 DEERWOOD CAMPUS PKWY, DC1-8  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D  
Name: KRAMZER, JOYCE  
Address: 4800 DEERWOOD CAMPUS PKWY, DC1-8  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S  
Name: PHELPS, SETH  
Address: 4800 DEERWOOD CAMPUS PKWY, DC1-7  
City-St-Zip: JACKSONVILLE, FL 32246

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: SETH PHELPS

S

04/13/2012

Electronic Signature of Signing Officer or Director

Date