## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K64536

FILED Jan 18, 2011 Secretary of State

Entity Name: DIVERSIFIED HEALTH INSURANCE SERVICES, INC.

Current Principal Place of Business:		New Principal Place of Business:	
% MEL GROSS 5051 66TH ST. NORTH ST. PETERSBURG, FL	337093119		
Current Mailing Address:		New Mailing Address:	
% MEL GROSS 5051 66TH ST. NORTH ST. PETERSBURG, FL	337093119		
FEI Number: 65-0098726	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
GROSS, MEL 5051 66TH ST. NORTH ST. PETERSBURG, FL	33710 US		
The above named entity in the State of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,
SIGNATURE:			
Electror	nic Signature of Registered Age	nt	Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: GROSS, MEL

Address: 5051 66TH ST. NORTH ST. PETERSBURG, FL

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: MEL GROSS P 01/18/2011