

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022963

FILED
Jan 27, 2005
Secretary of State

Entity Name: DIVERSIFIED MANAGEMENT SERVICES, L.L.C.

Current Principal Place of Business:

2727 W. DR. MARTIN LUTHER KING BLVD.
#300
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2727 W. DR. MARTIN LUTHER KING BLVD.
#300
TAMPA, FL 33607

New Mailing Address:

FEI Number: 45-0515711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JAMES A JR.
2727 W. DR. MARTIN LUTHER KING BLVD., #300
TAMPA, FL 33607 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HERNANDEZ, DENNIS MD
Address: 2727 W. MLK JR. BLVD, STE 300
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: WILSON, JAMES A MD
Address: 2727 W. MLK JR BLVD, STE 300
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: TULSIK, DAVID MD
Address: 2727 W. MLK JR BLVD, STE 300
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: PEREZ, ALEX
Address: 2727 W. MLK JR BLVD, STE 300
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

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

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

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES A. WILSON, JR., MD

MGR

01/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date