

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000022963

FILED
Oct 10, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 Chapter 119, 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: KAREN L MCGINN

MGR

10/10/2006

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