

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90021 021 ****50.00

DOCUMENT # L03000040504

1. Entity Name
DIVERSIFIED HEALTHCARE SYSTEMS, LLC



Principal Place of Business
401 WEST PALM DR, STE 5
FLORIDA CITY, FL 33034

Mailing Address
401 WEST PALM DR, STE 5
FLORIDA CITY, FL 33034

20056280



04282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0326930

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIGUS, DORIS
12725 SW 62 TERRACE
MIAMI, FL 33183

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IN THIS SPACE**

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 Doris Bigus
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-05

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BIGUS, DORIS
401 WEST PALM DRIVE STE 5
FLORIDA CITY, FL 33034

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Doris Bigus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05 (305) 295-9969
Date Daytime Phone #