# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED**
**Jun 09, 2005**
**Secretary of State**

DOCUMENT# L03000040504

**Entity Name:** DIVERSIFIED HEALTHCARE SYSTEMS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 20-0326930** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BIGUS, DORIS
12725 SW 62 TERRACE
MIAMI, FL 33183 US

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

ALVAREZ, ALCIDES
401 WEST PALM DR., STE 5
FLORIDA CITY, FL 33034 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: ALCIDES ALVAREZ 06/09/2005
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: BIGUS, DORIS
Address: 401 WEST PALM DRIVE STE 5
City-St-Zip: FLORIDA CITY, FL 33034

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: ALVAREZ, ALCIDES
Address: 401 WEST PALM DRIVE STE 5
City-St-Zip: FLORIDA CITY, FL 33034

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: ALCIDES ALVAREZ MGR 06/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date