

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 01, 2006
Secretary of State**

DOCUMENT# L04000011300

Entity Name: DIVERSIFIED HEALTH & INVESTMENTS, LLC.

Current Principal Place of Business:

2208 SOUTH HOPKINS AVENUE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

2208 SOUTH HOPKINS AVENUE
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 84-1638389 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:

DEMERS, KEVIN J D.C.
2208 SOUTH HOPKINS AVENUE
TITUSVILLE, FL 32780 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: DEMERS, KEVIN J D.C.
Address: 2208SOUTHY HOPKINS AVENUE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: MGRM (X) Change () Addition
Name: DEMERS, KEVIN J D.C.
Address: 2208 SOUTH HOPKINS AVENUE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: MGR () Delete
Name: DEMERS, AMY C
Address: 2208 SOUTH HOPKINS AVENUE
City-St-Zip: TITUSVILLE, FL 32780 US

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: KEVIN J. DEMERS

MGRM

05/01/2006

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