


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90306 002 ***138.75

60025599



DOCUMENT # L04000011300					
1. Entity Name DIVERSIFIED HEALTH & INVESTMENTS, LLC.					
Principal Place of Business 2208 SOUTH HOPKINS AVENUE TITUSVILLE, FL 32780			Mailing Address 2208 SOUTH HOPKINS AVENUE TITUSVILLE, FL 32780		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04092008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 84-1638389	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEMERS, KEVIN J D.C. 2208 SOUTH HOPKINS AVENUE TITUSVILLE, FL 32780			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERS, KEVIN J D.C.		NAME		
STREET ADDRESS	2208 SOUTH HOPKINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERS, AMY C		NAME		
STREET ADDRESS	2208 SOUTH HOPKINS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kevin J Demers</u>			Date: <u>4-15-08</u>		Daytime Phone #: <u>321-264-0072</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					