

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000996

1. Entity Name

DIVERSIFIED HUMAN SERVICES, INC.

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90046 024 \*\*\*\*70.00

Principal Place of Business

Mailing Address

16 E UNIVERSITY AVE  
GAINESVILLE FL 32601

~~P.O. BOX 357415~~  
~~GAINESVILLE FL 32635~~

2. Principal Place of Business

3. Mailing Address

16 E UNIVERSITY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE, FL

Zip

Country

Zip

Country

32601

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, SHERI A  
28102 NW 174TH AVE  
HIGH SPRINGS FL 32643

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.

SIGNATURE

*Sheri A Wallace*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVM  
HUNINK, JON  
28102 NW 174TH AVE  
HIGH SPRINGS FL 32643 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WALLACE, SHERI A  
28102 NW 174TH AVE  
HIGH SPRINGS FL 32643 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRACY, M D  
2630 NW 41ST ST, STE C2  
GAINESVILLE FL 32606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WATSON, WILLIAM B III  
527 E UNIVERSITY AVE  
GAINESVILLE FL 32604 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sheri A Wallace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERI A. WALLACE  
PRESIDENT

2/28/02 386.454.9823  
Date Daytime Phone #

CR2E037 (9/01)