

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000996

FILED
Apr 28, 2004
Secretary of State

Entity Name: DIVERSIFIED HUMAN SERVICES, INC.

Current Principal Place of Business:

16 E UNIVERSITY AVE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

1904 NW 12TH TERRACE
GAINESVILLE, FL 32609 US

Current Mailing Address:

16 E UNIVERSITY AVE
GAINESVILLE, FL 32601 US

New Mailing Address:

1904 NW 12TH TERRACE
GAINESVILLE, FL 32609 US

FEI Number: 59-3172296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DAGLIO, RICARDO
1904 NW 12TH TERRACE
GAINESVILLE, FL 32609 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: RICARDO DAGLIO

04/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVM () Delete
Name: HUENINK, JON
Address: 28102 NW 174TH AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DP () Delete
Name: WALLACE, SHERI A
Address: 28102 NW 174TH AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: D () Delete
Name: JORDAN, EDITH
Address: 10011 NW 143 RD. ST.
City-St-Zip: ALACHUA, FL 32614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HUENINK, JON C
Address: 1904 NW 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: DVP (X) Change () Addition
Name: DAGLIO, RICARDO
Address: 1904 NW 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: D (X) Change () Addition
Name: SHERI, WALLACE
Address: 1904 NW 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON C HUENINK

DP

04/28/2004

Electronic Signature of Signing Officer or Director

Date