# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N95000000996

**Entity Name:** DIVERSIFIED HUMAN SERVICES, INC.

**Current Principal Place of Business:**

2603 NW 13TH STREET, #309
GAINESVILLE, FL 32609 US

**New Principal Place of Business:**

1031 NW 6TH STREET
SUITE B-3
GAINESVILLE, FL 32601 US

**Current Mailing Address:**

2603 NW 13TH STREET, #309
GAINESVILLE, FL 32609 US

**New Mailing Address:**

**FEI Number: 59-3172296** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

WALLACE, SHERI A
2603 NW 13TH STREET, #309
GAINESVILLE, FL 32609 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete
Name: WALLACE, SHERI A
Address: 2603 NW 13TH STREET, #309
City-St-Zip: GAINESVILLE, FL 32609

Title: DVP ( ) Delete
Name: REED, DEB
Address: 21912 NE 69TH PLACE
City-St-Zip: MELROSE, FL 32666

Title: DS ( ) Delete
Name: WISDAHL, MELINDA A
Address: 3023 NE 11TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: WISDAHL, MELINDA A
Address: 2117 OLD BAINBRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHERI A. WALLACE DPT 04/30/2009

Electronic Signature of Signing Officer or Director — Date