## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000000996

FILED Feb 16, 2011 Secretary of State

Entity Name: DIVERSIFIED HUMAN SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

309 NE 1ST STREET 4255 US HIGHWAY 1 S

SUITE 17 18-22

GAINESVILLE, FL 32601 US ST. AUGUSTINE, FL 32086 US

Current Mailing Address: New Mailing Address:

2603 NW 13TH STREET, #309 4255 US HIGHWAY 1 S

GAINESVILLE, FL 32609 US 18-22 ST. AUGUSTINE, FL 32086 US

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

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

WALLACE, SHERI A
2603 NW 13TH STREET. #309

WALLACE, SHERI A
4255 US HIGHWAY 1 S STE 18-22

2603 NW 13TH STREET, #309 4255 US HIGHWAY 1 S STE 18-22 GAINESVILLE, FL 32609 US ST. AUGUSTINE, FL 32086 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: SHERI A WALLACE 02/16/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DPT

Name: WALLACE, SHERI A

Address: 4255 US HIGHWAY 1 S STE 18-22 City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DVP Name: REED, DEB

Address: 21912 NE 69TH PLACE City-St-Zip: MELROSE, FL 32666

Title: DS

 Name:
 WISDAHL, MELINDA A

 Address:
 3571 RANDALL ST.

 City-St-Zip:
 JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: SHERI A WALLACE DPT 02/16/2011