

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

04-09-2003 90164 003 ****70.00

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1. Entity Name

DIVERSIFIED HUMAN SERVICES, INC.



Principal Place of Business

**16 E UNIVERSITY AVE
GAINESVILLE FL 32601
US**

Mailing Address

**16 E UNIVERSITY AVE
GAINESVILLE FL 32601
US**

55037972



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3172296**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Sheri A. Wallace

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **EDITH JORDAN**
STREET ADDRESS **10011 NW 143rd St.**
CITY-ST-ZIP **ALACHUA FL 32614**

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/7/03

Date

386-4548823

Daytime Phone

CR20037 (10/02)