## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 11, 2001 8:00 am Secretary of State DOCUMENT # P0000070250 1. Entity Name CENTER FOR DIVERSIFIED HEALTH SERVICES, INC. 05-11-2001 90086 024 \*\*\*150.00 Principal Place of Business Mailing Address 6981 GRIBBIN COURT 4495-304 ROOSEVELT BLVD PMB 275 JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . ..-. HOLLIE, GRETA H Street Address (P.O. Box Number is Not Acceptable) 6981 GRIBBIN COURT JACKSONVILLE FL 32210 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President/CEO Addition ☐ Delete ☐ Change TITLE Greta H. Itollie 6981 Cribbin Ct. NAME NAME STREET ADDRESS STREET ADDRESS JACKSONVIlle, Fl. 32210 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Breta H. Hollie NAME NAME 981 GRIBBIN Ct. STREET ADDRESS STREET ADDRESS Acksonville, Fl. 32210 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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Hollie 4/28/01 (904) 259-6211