

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90042 033 \*\*\*150.00

**DOCUMENT # P01000069796**

1. Entity Name

**DIVERSIFIED MEDICAL HEALTH, INC.**

Principal Place of Business

10446 117TH DR. N.  
LARGO FL 33773

Mailing Address

10446 117TH DR. N.  
LARGO FL 33773

2. Principal Place of Business

904 N. McMullen Booth Rd.

Suite, Apt. #, etc.

3. Mailing Address

904 N. McMullen Booth Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

94912



City &amp; State

Clearwater, Florida

Zip

33759

Country

USA

City &amp; State

Clearwater, Florida

Zip

33759

Country

USA

4. FEI Number

59-373/251

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COMENT, WAYNE R

1701 HWY. A1A, STE. 220

VERO BEACH FL 32963

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CEO  
Jason W. Coment  
10446 117th DR. N. LARGO FL 33773

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

COO  
Jeffrey L. Brockman  
9337 Zamora Dr.  
New Port Richey, FL 34655

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jason Coment (President)

Date

4/24/02

Daytime Phone #

727-712-0563

CR2E034 (9/01)