

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115793

FILED  
Aug 25, 2006  
Secretary of State

Entity Name: DIVERSIFIED FACILITY CARE, INC.

## Current Principal Place of Business:

1353 CALADESI DRIVE  
WESLEY CHAPEL, FL 33543

## New Principal Place of Business:

9502 LARKBUNTING DRIVE  
TAMPA, FL 33647 US

## Current Mailing Address:

1353 CALADESI DRIVE  
WESLEY CHAPEL, FL 33543

## New Mailing Address:

9502 LARKBUNTING DRIVE  
TAMPA, FL 33647 US

FEI Number: 59-3759069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADLER, ANDREW L ESQ.  
501 S. DAKOTA AVE. STE 7  
400 NORTH TAMPA STREET, SUITE 2625  
TAMPA, FL 33606 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NAILS, DERRICK  
Address: 1353 CALADESI DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: T (X) Delete  
Name: LOPES, WILLIAM E  
Address: 857 COLONIAL DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: S (X) Delete  
Name: LOPES, CATINA B  
Address: 857 COLONIAL DRIVE  
City-St-Zip: TAMPA, FL 33613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: NAILS, DERRICK  
Address: 9502 LARKBUNTING DRIVE  
City-St-Zip: TAMPA, FL 33647 US

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERRICK NAILS

P

08/25/2006

Electronic Signature of Signing Officer or Director

Date