

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90091 009 \*\*\*150.00

DOCUMENT # P02000119682

1. Entity Name

DIVERSIFIED HEALTH CONSULTANTS, INC.



Principal Place of Business

Mailing Address

3016 HENDON CT.  
NAPLES FL 34105

3016 HENDON CT.  
NAPLES FL 34105

2. Principal Place of Business

1415 PANTHER LANE

3. Mailing Address

1415 PANTHER LANE

Suite, Apt., #, etc.

Suite #353

Suite, Apt., #, etc.

Suite #353

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34109

Country

U.S.

Zip

34109

Country

U.S.

4. FEI Number

81-0577909

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEE, BOB  
3016 HENDON CT.  
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name: ROBERT E. LEE

Street Address (P.O. Box Number is Not Acceptable)

1415 PANTHER LANE

Suite #353

City

NAPLES

FL

Zip Code

34109

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME LEE, BOB ROBERT E. LEE ☐ Delete  
STREET ADDRESS 3016 HENDON CT. 1415 PANTHER LANE STE 353  
CITY-ST-ZIP NAPLES FL 34105 NAPLES, FL 34109

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/04 239-591-6613