2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037367

Entity Name: DIVINE HEALTHCARE, INC.

FILED Jan 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7311 SOUTH SHERRILL ST 7311 SOUTH SHERRILL ST TAMPA, FL 33616 US

Current Mailing Address: New Mailing Address:

7311 SOUTH SHERRILL ST 7311 SOUTH SHERRILL ST TAMPA, FL 33616 TAMPA, FL 33616 US

FEI Number: 41-2088048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GITTENS, REGINALD
7311 SOUTH SHERRILL ST
TAMPA, FL 33616
GITTENS, REGINALD
7311 SOUTH SHERRILL ST
TAMPA, FL 33616 US

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: 01/12/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 GITTENS, REGINALD
 Name:
 GITTENS, REGINALD

 Address:
 7311 SOUTH SHERRILL ST
 Address:
 7311 SOUTH SHERRILL ST

 City-St-Zip:
 TAMPA, FL 33616
 City-St-Zip:
 TAMPA, FL 33616 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REGINALD GITTENS PD 01/12/2004