

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000096990

FILED
Jan 11, 2007
Secretary of State

Entity Name: DIVERSIFIED MEDICAL HEALTH INC

Current Principal Place of Business:

1509 REYNOLDS ST
PLANT CITY, FL 33563

New Principal Place of Business:

2707 N HIMES AVE
TAMPA, FL 33607

Current Mailing Address:

1509 REYNOLDS ST
PLANT CITY, FL 33563

New Mailing Address:

2707 N HIMES AVE
TAMPA, FL 33607

FEI Number: 20-5251649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, BENJAMIN JR
2707 N HIMES AVE
TAMPA, FL 33607 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVAS, BENJAMIN JR
Address: 2707 N HIMES AVE
City-St-Zip: TAMPA, FL 33607

Title: VP () Delete
Name: PIER, FRANK P
Address: 1509 REYNOLDS ST
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PIER, FRANK P
Address: 2707 N HIMES AVE
City-St-Zip: TAMPA, FL 33607

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: BENJAMIN RIVAS JR

P

01/11/2007

Electronic Signature of Signing Officer or Director

Date