2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P06000096990

Entity Name: DIVERSIFIED MEDICAL HEALTH INC

Current Principal Place of Business:

2707 N HIMES AVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 341484
TAMPA, FL 33694

New Mailing Address:

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:

FRANK, DAVID
2707 N HIMES AVE
TAMPA, FL 33607 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: DAVID FRANK 02/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FRANK, PIER D MD
Address: 2707 N HIMES AVE
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete
Name: FRANK, DAVID D
Address: 2707 N HIMES AVE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DAVID FRANK VP 02/27/2009
Electronic Signature of Signing Officer or Director Date