

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90119 048 ***750.00

DOCUMENT # P35493

1. Entity Name
DHS/DIVERSIFIED HEALTH SERVICES, INC.

Principal Place of Business
3839 FOREST HILL IRENE RD
MEMPHIS TN 38125
US

Mailing Address
3839 FOREST HILL IRENE RD
MEMPHIS TN 38125
US

2. Principal Place of Business

6799 GREAT OAKS ROAD

Suite, Apt. #, etc.

SUITE 250

CITY & STATE
GERMANTOWN TN

Zip
38138

Country
US

3. Mailing Address

6799 GREAT OAKS ROAD

Suite, Apt. #, etc.

SUITE 250

CITY & STATE
GERMANTOWN TN

Zip
38138

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1416386

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCOO
DAVIS, TOM
3839 FOREST HILL IRENE RD
MEMPHIS TN 38125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
DOSENBERG, MARK
3839 FOREST HILL IRENE
MEMPHIS TN 38125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
6799 GREAT OAKS ROAD, SUITE 250
GERMANTOWN TN 38138 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/T/D
Mark Rosenberg
6799 GREAT OAKS ROAD, SUITE 250
GERMANTOWN TN 38138 ☒ Change ☐ Addition

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

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

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

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

13. 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 11 or Block 12 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
Tom Davis, President 9/17/02 (901) 624-1652

Date

Daytime Phone #

CR2E034 (4/02)