2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# P35493

Entity Name: DHS/DIVERSIFIED HEALTH SERVICES, INC.

Current Principal Place of Business:

6799 GREAT OAKS ROAD
STE 250
GERMANTOWN, TN 38138 US

New Principal Place of Business:

200 JEFFERSON AVE # 1107
MEMPHIS, TN 38103 US

Current Mailing Address:

6799 GREAT OAKS ROAD
STE 250
GERMANTOWN, TN 38138 US

New Mailing Address:

C/O STEVENSON & EMERSON
200 JEFFERSON AVE #1107
MEMPHIS, TN 38103 US

FEI Number: 62-1416386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DAVIS, TOM
Address: 6799 GREAT OAKS ROAD STE 250
City-St-Zip: GERMANTOWN, TN 38138

Title: VSTD ( ) Delete
Name: DOSENBERG, MARK
Address: 6799 GREAT OAKS ROAD STE 250
City-St-Zip: GERMANTOWN, TN 38138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DAVIS, TOM
Address: 200 JEFFERSON AVE #1107
City-St-Zip: MEMPHIS, TN 38103

Title: VSTD (X) Change ( ) Addition
Name: ROSENBERG, MARK
Address: 200 JEFFERSON AVE #1107
City-St-Zip: MEMPHIS, TN 38103

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: TOM DAVIS PD 07/02/2004

Electronic Signature of Signing Officer or Director Date