



FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P35493 1. Entity Name DHS/DIVERSIFIED HEALTH SERVICES, INC.		Jan 24, 2005 08:00 A Secretary of State									
Principal Place of Business 200 JEFFERSON AVE # 1107 MEMPHIS, TN 38103 US		Mailing Address C/O STEVENSON & EMERSON 200 JEFFERSON AVE #1107 MEMPHIS, TN 38103 US									
DO NOT WRITE IN THIS SPACE		 01112005 No Chg-P CR2E034 (10/03)									
		4. FEI Number 62-1416386									
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS		<div style="position: relative;"><div style="position: absolute; top: 10px; right: 10px; text-align: right;">1000000191773 01/24/05-80187-002 150.00</div><div style="position: absolute; bottom: 10px; left: 10px; font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div></div>									
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:20%;">TITLE</td><td>PD</td></tr><tr><td>NAME</td><td>DAVIS, TOM</td></tr><tr><td>STREET ADDRESS</td><td>200 JEFFERSON AVE #1107</td></tr><tr><td>CITY - ST - ZIP</td><td>MEMPHIS, TN 38103</td></tr></table>				TITLE	PD	NAME	DAVIS, TOM	STREET ADDRESS	200 JEFFERSON AVE #1107	CITY - ST - ZIP	MEMPHIS, TN 38103
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE:  Tom Davis, President		1/11/05 901850-9717 <small>Date Daytime Phone #</small>									