FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 27 PM 3:08

DOCUMENT # **P39273** **(8)**

1. Corporation Name
DIVERSIFIED HEALTH CENTERS, INC.

Principal Place of Business	Mailing Address
7801 STONERIDGE DR STE. 224 PLEASANTON CA 94588-8326 US	7801 STONERIDGE DR STE. 224 PLEASANTON CA 94588-8326 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1992
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 94-2979300 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RISPOLI, ANTHONY C.
691 GOODLETTE ROAD NORTH
NAPLES FL 33694

10. Name and Address of New Registered Agent

81 Name: Mike Kincaid c/o Venice Surgery Center
82 Street Address (P.O. Box Number is Not Acceptable): 600 N. Komis Ave South #102
83
84 City: Venice FL 85 Zip Code: 34285

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael D. Kincaid Regional Vice President Michael D. Kincaid 2-20-95
(Signature, typed or printed name of registered agent and title if applicable) (If not Registered Agent signature required when changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ZASA, ROBERT J	12 NAME	
STREET ADDRESS	221 E WALNUT ST, STE. 210	13 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	STEMLER, PAUL S	22 NAME	
STREET ADDRESS	221 E WALNUT ST, STE. 210	23 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ROBERT C	32 NAME	
STREET ADDRESS	221 E WALNUT ST, STE. 210	33 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	MAZOROS, JOHN M	42 NAME	
STREET ADDRESS	2901 STONERIDGE DR, STE 224	43 STREET ADDRESS	
CITY-ST-ZIP	PLEASANTON CA 26	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an effective

SIGNATURE: VP 1/15/64 828-689-3330
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE (Title) (Telephone Number)
Paul Stemler, V.P.

046100 FP