

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90030 009 ***158.75

DOCUMENT # **P 970000 76182**

1. Corporation Name

**DIVERSIFIED HEALTHCARE
MANAGEMENT GROUP, INC.**

Principal Place of Business

Mailing Address

**3780 WEST FLAGLER STREET
MIAMI, FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

SEPT. 3, 1997

2. Principal Place of Business

3780 WEST FLAGLER ST.

2a. Mailing Address

3780 WEST FLAGLER STREET

4. FEI Number

65-078 2334

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ YES

**\$8.75 Additional
Fee Required**

City & State

MIAMI, FL

City & State

MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip **33134** Country **DADE**

Zip **33134** Country **DADE**

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ YES ☐ NO

9. Name and Address of Current Registered Agent

**J.C. ELSD, ESQ.
3780 WEST FLAGLER STREET
MIAMI, FL 33134**

10. Name and Address of New Registered Agent

**81 Name J.C. ELSD, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
3780 WEST FLAGLER STREET
83
84 City MIAMI, FL 85 Zip Code 33134**

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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

J.C. ELSD, ESQ.

April 28, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Chairman, President, Director** ☐ DELETE
NAME **George I. ELSD**
STREET ADDRESS **3780 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE **Director, Vice President, Sect.** ☐ DELETE
NAME **MARIA C. LLORCA**
STREET ADDRESS **3780 WEST FLAGLER STREET**
CITY-ST-ZIP **MIAMI, FL 33134**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Chairman, President, Director** ☐ Change ☐ Addition
1.2 NAME **George I. ELSD**
1.3 STREET ADDRESS **3780 WEST FLAGLER STREET**
1.4 CITY-ST-ZIP **MIAMI, FL 33134**

2.1 TITLE **Director, Vice President, Sect.** ☐ Change ☐ Addition
2.2 NAME **MARIA C. LLORCA**
2.3 STREET ADDRESS **3780 WEST FLAGLER STREET**
2.4 CITY-ST-ZIP **MIAMI, FL 33134**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **George I. ELSD**

April 28, 1999 (305) 446-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #