2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# P97000076182

Entity Name: DIVERSIFIED HEALTHCARE MANAGEMENT GROUP, INC.

Current Principal Place of Business:

15760 BULL RUN ROAD
SUITE 269 G
MIAMI LAKES, FL 33014

New Principal Place of Business:

8004 NW 154TH STREET
SUITE 364
MIAMI LAKES, FL 33016

Current Mailing Address:

15760 BULL RUN ROAD
SUITE 269 G
MIAMI LAKES, FL 33014

New Mailing Address:

8004 NW 154TH STREET
SUITE 364
MIAMI LAKES, FL 33016

FEI Number: 65-0782334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELSO, GEORGE I
15760 BULL RUN ROAD
SUITE 269 G
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

ELSO, GEORGE I
8004 NW 154TH STREET
SUITE 364
MIAMI LAKES, FL 33016 US

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: 05/01/2005
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: CPDS ( ) Delete
Name: ELSO, GEROGE I
Address: 15760 BULL RUN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPDS (X) Change ( ) Addition
Name: ELSO, GEROGE I
Address: 8004 NW 154TH STREET
City-St-Zip: MIAMI LAKES, FL 33016

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: GEORGE I. ELSO CPDS 05/01/2005
Electronic Signature of Signing Officer or Director — Date