2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P97000076182

Entity Name: DIVERSIFIED HEALTHCARE MANAGEMENT GROUP, INC.

Current Principal Place of Business:

1331 SW 85 CT
MIAMI, FL 33144

New Principal Place of Business:

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

Current Mailing Address:

1331 SW 85 CT
MIAMI, FL 33144

New Mailing Address:

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

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, J. C.
1331 SW 85 CT
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

ELSO, GEORGE I
15760 BULL RUN ROAD
SUITE 269 G
MIAMI LAKES, FL 33014 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: DR. GEORGE I. ELSO 04/30/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: ELSO, GEROGE I
Address: 3780 W FLAGLER ST
City-St-Zip: MIAMI, FL 33134

Title: DVS (X) Delete
Name: LLORCA, MARIA D
Address: 3780 W FLAGLER ST
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPDS (X) Change ( ) Addition
Name: ELSO, GEROGE I
Address: 15760 BULL RUN ROAD
City-St-Zip: MIAMI LAKES, FL 33014

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DR. GEORGE I. ELSO CPDS 04/30/2003
Electronic Signature of Signing Officer or Director Date