2008 FOR PROFIT CORPORATION

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P98000044951** 04-28-2008 90349 006 ***150.00 DIVERSIFIED SERVICE OPTIONS, INC. Mailing Address Principal Place of Business 532 RIVERSIDE AVENUE **532 RIVERSIDE AVENUE** JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04242008 Cha-P Applied For 4. FEI Number City & State City & State 59-3514333 Not Applicable Country Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNGERMAN, ANDREW J IV Street Address (P.O. Box Number is Not Acceptable) 4800 DEERWOOD CAMPUS PARKWAY 100-7 JACKSONVILLE, FL 32246 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 ■ Addition Delete TITLE ☐ Change GRANTHAM, L JOSEPH NAME NAME 4800 DEERWOOD CAMPUS PKWY 100-8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32246 CITY-ST-7IP SGC ☐ Change ☐ Addition TITLE □ Delete TITLE HUNGERMAN, ANDREW J IV NAME NAME STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY 100-7 STREET ADDRESS JACKSONVILLE, FL 32246 City-St-7iP CITY-ST-7IP Change TITLE ☐ Addition TITLE ☐ Delete DOERR, R CHRIS NAME NAME STREET ADDRESS STREET ADDRESS 4800 DEERWOOD CAMPUS PKWY 100-8 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32246 ☐ Change TITLE **DPCE** Delete TITLE Addition LORD, CURTIS W NAME NAME 532 RIVERSIDE AVENUE 20T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32202 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE JOLLY, AREZOU C NAME NAME STREET ADDRESS 4800 DEERWOOD CAPUS PARKWAY 100-7 STREET ADDRESS JACKSONVILLE, FL 32246 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 by 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 attacl nent with ar her like empowered

IAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Andrew J. Hungerman, IV 4-24-08 904-905-8044

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ATTACHMENT 40084721

2008 FOR PROFIT CORPORATION ANNUAL REPORT
DOCUMENT # P9800004495
DIVERSIFIED SERVICE OPTIONS, INC.
(CONTINUATION SHEET)

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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