2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: DIVERSIFIED SERVICE OPTIONS, INC.

Current Principal Place of Business:

532 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

532 RIVERSIDE AVENUE
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3514333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNGERMAN, ANDREW J IV
4800 DEERWOOD CAMPUS PARKWAY
100-7
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C
Name: BOOMA, STEPHEN
Address: 4800 DEERWOOD CAMPUS PKWY 100-8
City-St-Zip: JACKSONVILLE, FL 32246

Title: S
Name: HUNGERMAN, ANDREW J IV
Address: 4800 DEERWOOD CAMPUS PKWY 100-7
City-St-Zip: JACKSONVILLE, FL 32246

Title: D
Name: MCDONALD, DEANNA
Address: 4800 DEERWOOD CAMPUS PKWY 100-8
City-St-Zip: JACKSONVILLE, FL 32246

Title: PCEO
Name: COSTON, SANDRA
Address: 532 RIVERSIDE AVENUE 20T
City-St-Zip: JACKSONVILLE, FL 32202

Title: AS
Name: JOLLY, AREZOU C
Address: 4800 DEERWOOD CAPUS PARKWAY 100-7
City-St-Zip: JACKSONVILLE, FL 32246

Title: T
Name: HOGAN, JONATHAN
Address: 532 RIVERSIDE AVENUE, 17T
City-St-Zip: JACKSONVILLE, FL 32202

I hereby 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 all other like empowered.

SIGNATURE: ANDREW J. HUNGERMAN, IV S 04/12/2012

Electronic Signature of Signing Officer or Director — Date