

5-8-98 B-6886 -c  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V32810 (6)**  
 1. Corporation Name  
**DIVERSIFIED MEDICAL, INC.**

Principal Place of Business: **6456 PARKLAND DRIVE SARASOTA FL 34243**  
 Mailing Address: **6456 PARKLAND DRIVE SARASOTA FL 34243**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/28/1992	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0327719	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
PROUTY, STEVEN W., ESQUIRE 1205 MANATEE AVENUE WEST BRADENTON FL 34205				<input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name		10. Name and Address of New Registered Agent	
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL 85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HAZZARD, ROBERT C., JR	1.1 TITLE	
STREET ADDRESS	1791 OAK LAKES DR	1.2 NAME	
CITY-ST-ZIP	SARASOTA FL	1.3 STREET ADDRESS	1786 South Creek Drive
		1.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	D WILLIS, MARY	2.1 TITLE	
STREET ADDRESS	1791 OAK LAKES DR	2.2 NAME	
CITY-ST-ZIP	SARASOTA FL	2.3 STREET ADDRESS	1786 South Creek Drive
		2.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *Mary Willis* Date: 4/27/98 Dvsting Phone #: 941-756-2174

CR2E034 (10/97)