I hereby certify that the information indicated on this report or supplemental report is true and act	curate and that my electronic signature shall have th	e 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 ex	ecute this report as required by Chapter 617, Florid	a Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE [,] THOMAS REDMOND	CFO	03/06/2024

SIGNATI	JRF TH	OMAS R	FDMOND

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000010874

Entity Name: DIVERSITY HEALTH SERVICES, INCORPORATED

Current Principal Place of Business:

10413 HAMPTON MEADOW WAY RIVERVIEW, FL 33578

Current Mailing Address:

10413 HAMPTON MEADOW WAY RIVERVIEW. FL 33578

FEI Number: 87-2751691

Name and Address of Current Registered Agent:

REDMOND, THOMAS C 10413 HAMPTON MEADOW WAY RIVERVIEW, FL 33578 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	CEO	Title	CFO
Name	REDMOND, CAROLYN	Name	REDMOND, THOMAS
Address	10413 HAMPTON MEADOW WAY	Address	10413 HAMPTON MEADOW WAY
City-State-Zip:	RIVERVIEW FL 33578	City-State-Zip:	RIVERVIEW FL 33578

Certificate of Status Desired: No

FILED Mar 06, 2024 Secretary of State 4449607659CC

Date

Date