



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000159174

2. Name of Corporation Diversified Clinical Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 4500 SALISBURY ROAD
SUITE 300

City or Town: JACKSONVILLE State: FL Zip: 32216 Country: USA

4. Business Phone No.

9042966526

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

COMPREHENSIVE WOUND MANAGEMENT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	JEFF NELSON	4500 SALISBURY RD #300 JACKSONVILLE, FL 32216 USA
CFO	WILLIAM WILLIAMS	4500 SALISBURY RD #300 JACKSONVILLE, FL 32216 USA
ASSISTANT SECRETARY	KIMBERLY BERRY	4500 SALISBURY RD #300 JACKSONVILLE, FL 32216 USA
DIRECTOR	TOM QUINN	4500 SALISBURY RD #300 JACKSONVILLE, FL 32216 USA
DIRECTOR	GREG JONES	4500 SALISBURY RD #300 JACKSONVILLE, FL 32216 USA
DIRECTOR	ADAM MAXX	4500 SALISBURY RD #300 JACKSONVILLE, FL 32216 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.00	10,000.00	4259.32

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 17 Day of September, 2009 at 10:29:44 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KIMBERLY BERRY

Signature of Authorized Representative of the Corporation

CONTROLLER

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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