



Department of State - Business Services Division

Annual Report for the year: **2016**

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

DEPARTMENT OF STATE
CORPORATION DIVISION
2019 APR -9 AM 11:36

1. Entity ID Number 000159174		2. Exact name of the Corporation Diversified Clinical Services Inc			
3. Principal Office Address 5220 Belfort RD STE 130			City Jacksonville	State FL	Zip 32256
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island Medical Office Management Services			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Bassin			Vice-President Name		
Street Address 5220 Belfort RD STE 130			Street Address		
City Jacksonville	State FL	Zip 32256	City	State	Zip
Secretary Name Keith Koford			Treasurer Name Allan Woodward		
Street Address 5220 Belfort RD STE 130			Street Address 5220 Belfort RD STE 130		
City Jacksonville	State FL	Zip 32256	City Jacksonville	State FL	Zip 32256
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Bassin			Director Name		
Street Address 5220 Belfort RD STE 130			Street Address		
City Jacksonville	State FL	Zip 32256	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10000	COMMON	1.00
11. 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. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Allan Woodward					Date
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 09 2019
BY **JDA30**
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FORM 630 - Revised: 10/2017