



Department of State - Business Services Division


Annual Report for the year: **2019**

Corporation .

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

SECRETARY OF STATE  
CORPORATION DIVISION

2019 APR -9 AM 11:37

1. Entity ID Number <b>000159174</b>		2. Exact name of the Corporation <b>Diversified Clinical Services Inc</b>			
3. Principal Office Address <b>5220 Belfort RD STE 130</b>			City <b>Jacksonville</b>		State <b>FL</b>
			Zip <b>32256</b>		
4 NAICS Code <b>541611</b>		6 Brief description of the character of business conducted in Rhode Island <b>Medical Office Management Services</b>			
5. State of Incorporation <b>Delaware</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>David Bassin</b>			Vice-President Name		
Street Address <b>5220 Belfort RD STE 130</b>			Street Address		
City <b>Jacksonville</b>	State <b>FL</b>	Zip <b>32256</b>	City	State	Zip
Secretary Name <b>Keith Koford</b>			Treasurer Name <b>Allan Woodward</b>		
Street Address <b>5220 Belfort RD STE 130</b>			Street Address <b>5220 Belfort RD STE 130</b>		
City <b>Jacksonville</b>	State <b>FL</b>	Zip <b>32256</b>	City <b>Jacksonville</b>	State <b>FL</b>	Zip <b>32256</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>David Bassin</b>			Director Name		
Street Address <b>5220 Belfort RD STE 130</b>			Street Address		
City <b>Jacksonville</b>	State <b>FL</b>	Zip <b>32256</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			10000		COMMON
					PAR VALUE <b>1.00</b>
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					
<b>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.</b>					
Name of Authorized Representative <b>Allan Woodward</b>					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.n.gov

APR 09 2019  
BY **J043D**  
**A.A. 11:41 A.M.**