

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000861

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** DIAGNOSTIC HEALTH CORPORATION

**Current Principal Place of Business:**

22 INVERNESS CENTER PARKWAY  
SUITE 425  
BIRMINGHAM, AL 35242

**New Principal Place of Business:**

**Current Mailing Address:**

22 INVERNESS CENTER PARKWAY  
SUITE 425  
BIRMINGHAM, AL 35242

**New Mailing Address:**

**FEI Number:** 63-1059483      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324    US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** OTLEY, III, VICTOR C  
**Address:** 22 INVERNESS CENTER PARKWAY, SUITE 425  
**City-St-Zip:** BIRMINGHAM, AL 35242

**Title:** TREA  
**Name:** VO, TUYEN  
**Address:** 22 INVERNESS CENTER PARKWAY, SUITE 425  
**City-St-Zip:** BIRMINGHAM, AL 35242

**Title:** SEC  
**Name:** HICKS, LUCY  
**Address:** 22 INVERNESS CENTER PARKWAY, SUITE 425  
**City-St-Zip:** BIRMINGHAM, AL 35242

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TUEYN VO

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

04/21/2011

\_\_\_\_\_ Date