

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001896

Entity Name: DIAMOND HEALTHCARE CORPORATION**Current Principal Place of Business:**701 EAST BYRD STREET, 15TH FLOOR
RICHMOND, VA 23219**Current Mailing Address:**701 EAST BYRD STREET, 15TH FLOOR
RICHMOND, VA 23219 US**FEI Number:** 54-1319817**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Date

Officer/Director Detail :

Title SECRETARY
Name FELDMAN, RICHARD I
Address 701 EAST BYRD STREET, 15TH FLOOR
City-State-Zip: RICHMOND VA 23219

Title DIRECTOR
Name HUNGATE-NOLAND, BETH G
Address 701 EAST BYRD STREET, 15TH FLOOR
City-State-Zip: RICHMOND VA 23219

Title DIRECTOR
Name HEATON, MICHAEL R.
Address 701 EAST BYRD STREET, 15TH FLOOR
City-State-Zip: RICHMOND VA 23219

Title PRESIDENT
Name FELDMAN, RICHARD I
Address 701 EAST BYRD STREET, 15TH FLOOR
City-State-Zip: RICHMOND VA 23219

Title VP
Name MEADOWS, ANGELA S
Address 701 EAST BYRD STREET, 15TH FLOOR
City-State-Zip: RICHMOND VA 23219

Title DIRECTOR
Name STEVENSON, JAMES M
Address 701 EAST BYRD STREET, 15TH FLOOR
City-State-Zip: RICHMOND VA 23219

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: RICHARD I FELDMAN**SECRETARY****05/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date