

**2015 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            PRESIDENT, SECRETARY  
Name            CARNEY, CHRISTOPHER M.  
Address        701 EAST BYRD STREET, 15TH  
                  FLOOR  
City-State-Zip: RICHMOND VA 23219

Title            TREASURER, DIRECTOR  
Name            HEATON, MICHAEL R.  
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

Title            EXECUTIVE VICE PRESIDENT -  
                  ADMIN & CFO  
Name            CARPENTER, WILLIAM A.  
Address        701 EAST BYRD STREET, 15TH  
                  FLOOR  
City-State-Zip: RICHMOND VA 23219

Title            DIRECTOR  
Name            GAYNER, THOMAS S  
Address        701 EAST BYRD STREET, 15TH  
                  FLOOR  
City-State-Zip: RICHMOND VA 23219

Title            DIRECTOR  
Name            YUDOFISKY, STUART C.  
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:** WILLIAM A. CARPENTER**CFO****04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date