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(Requestor's Name)

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(City/State/Zip/Phone #)

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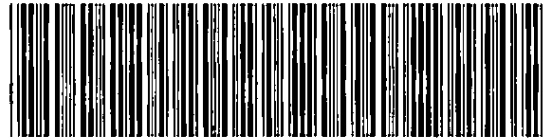
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

O SIMMONS  
JUL 05 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

DIAMOND HEALTH GROUP, INC.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANGELA MEADOWS

\_\_\_\_\_  
Name of Person

DIAMOND HEALTH GROUP

\_\_\_\_\_  
Firm/Company

701 EAST BYRD STREET, 15TH FLOOR

\_\_\_\_\_  
Address

RICHMOND, VA 23219

\_\_\_\_\_  
City/State and Zip code

AMEADOWS@DIAMONDHEALTH.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA MEADOWS

804

649-9340

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. DIAMOND HEALTH GROUP, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- TREATMENT IN PLACE  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. VIRGINIA 3. 54-1309100  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/08/1983 5. PERPETUAL  
(Date of incorporation) (Date of duration, if other than perpetual)
6. APPROX SEPT 2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 701 EAST HYRI) STREET, 15TH FLOOR, RICHMOND VA 23219  
(Principal office address)
- P.O. BOX 85050, RICHMOND, VA 23285-5050  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: CT CORPORATION SYSTEM
- Office Address: 1200 SOUTH PINE ISLAND RD
- PLANTATION, Florida 33324  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Sherry McGinnes  
(Registered agent's signature)

Sherry McGinnes, Assistant Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: MICHAEL R. HEATON

Address: 4521 HIGHWOODS PARKWAY  
GLEN ALLEN, VA 23060

Vice Chairman: WILLIAM H. WEIRICH

Address: 4521 HIGHWOODS PARKWAY  
GLEN ALLEN, VA 23060

Director: THOMAS S. GAYNER

Address: 4521 HIGHWOODS PARKWAY  
GLEN ALLEN, VA 23060

Director: JAMES M. STEVENSON, MD

Address: 701 EAST BYRD STREET, 15TH FL.  
RICHMOND, VA 23219

**B. OFFICERS**

President: RICHARD FELDMAN

Address: 701 EAST BYRD STREET, 15TH FL.  
RICHMOND, VA 23219

Vice President: ANGELA S. MEADOWS

Address: 701 EAST BYRD STREET, 15TH FL.  
RICHMOND, VA 23219

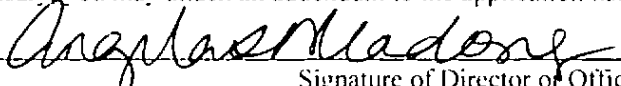
Secretary: RICHARD FELDMAN

Address: 701 EAST BYRD STREET, 15TH FL., RICHMOND, VA 23219

Treasurer: OPEN

Address:

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. ANGELA S. MEADOWS, VICE PRESIDENT-FINANCE

(Typed or printed name and capacity of person signing application)

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18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Commonwealth of Virginia



## State Corporation Commission

### *CERTIFICATE OF GOOD STANDING*

*I Certify the Following from the Records of the Commission:*

That DIAMOND HEALTH GROUP, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is March 8, 1983;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:*  
*June 21, 2018*

*Joel H. Peck*

*Joel H. Peck, Clerk of the Commission*