

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90094 021 ***150.00

DOCUMENT # F98000004678

1. Corporation Name
DIAMOND HEALTH GROUP, INC.



Principal Place of Business Mailing Address
700 EAST MAIN STREET, SUITE 900 700 EAST MAIN STREET, SUITE 900
RICHMOND VA 23219 RICHMOND VA 23219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

54-1309100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME CREWS, JOHN WILLIAM
STREET ADDRESS 700 EAST MAIN STREET, SUITE 900
CITY-ST-ZIP RICHMOND VA 23219

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VST ☐ DELETE
NAME HANCOCK, THOMAS F III
STREET ADDRESS 700 EAST MAIN STREET, SUITE 900
CITY-ST-ZIP RICHMOND VA 23219

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME WHITE, GEORGE K
STREET ADDRESS 700 EAST MAIN STREET, SUITE 900
CITY-ST-ZIP RICHMOND VA 23219

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SVP ☐ DELETE
NAME WOODARD, RICHARD V
STREET ADDRESS 700 EAST MAIN STREET, SUITE 900
CITY-ST-ZIP RICHMOND VA 23219

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CFO ☐ DELETE
NAME GARDNER, W. RUSSELL
STREET ADDRESS 700 EAST MAIN STREET, SUITE 900
CITY-ST-ZIP RICHMOND VA 23219

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME DAJON, SHARON M
STREET ADDRESS 700 EAST MAIN STREET, SUITE 900
CITY-ST-ZIP RICHMOND VA 23219

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Russell Gardner, Jr. - CFO

2/23/99

Date

804-649-9340

Daytime Phone #

CR2E034 (1/98)