

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F98000004678

1. Entity Name
DIAMOND HEALTH GROUP, INC.



Principal Place of Business

700 EAST MAIN STREET, SUITE 900
RICHMOND, VA 23219

Mailing Address

700 EAST MAIN STREET, SUITE 900
RICHMOND, VA 23218-0105

DO NOT WRITE IN THIS SPACE

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90013 028 ***150.00



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent

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

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **e-Director**
NAME CREWS, JOHN WILLIAM
STREET ADDRESS 700 EAST MAIN STREET, SUITE 900
CITY-ST-ZIP RICHMOND, VA 23219

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

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

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

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

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

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Russell Gardner 2-26-04 804-649-9340

Date

Daytime Phone #