

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000028989

Entity Name: NH-DIAB, INC.

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

5220 BELFORT ROAD SUITE 200  
JACKSONVILLE, FL 32216

## **New Principal Place of Business:**

5220 BELFORT ROAD  
SUITE 200  
JACKSONVILLE, FL 32256

## **Current Mailing Address:**

P.O. BOX 551187  
JACKSONVILLE, FL 32255

## **New Mailing Address:**

FEI Number: 65-0744786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

HOCHMAN, RODGER ESQ.  
4850 T-REX AVE., #300  
BOCA RATON, FL 33431 US

## **Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: CARINA L. DUNLAP, ASST. VICE PRESIDENT

03/23/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: NELSON, JEFF W CEO  
Address: 5220 BELFORT RD., SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TRES  
Name: WILLIAMS, BILL  
Address: 5220 BELFORT RD., SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

Title: SECY  
Name: WILLIAMS, BILL  
Address: 5220 BELFORT RD., SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32256

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: BILL WILLIAMS

SECY

03/23/2012

Electronic Signature of Signing Officer or Director

Date