2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021895

Entity Name: DIAG MANAGEMENT, INC.

FILED Feb 19, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4901 TAMIAMI TRAIL N.

NAPLES, FL 34103

28341 SOUTH TAMIAMI TRAIL, SUITE 1
BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

4901 TAMIAMI TRAIL N. 28341 SOUTH TAMIAMI TRAIL, SUITE 1 BONITA SPRINGS, FL 34134

FEI Number: 65-0900211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

U.S. INVESTOR SERVICES, INC.

4901 TAMIAMI TRAIL NORTH

NAPLES, FL 341033010 US

WRIGHT, CHRISTINE F

4427 SE 16TH PLACE, #2

CAPE CORAL, FL 33904 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: CHRISTINE F. WRIGHT 02/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition

Name: HANSEN, GERD Name: HANSEN, GERD

Address: 4901 TAMIAMI TRAIL NORTH Address: 28341 SOUTH TAMIAMI TRAIL, SUITE 1

City-St-Zip: NAPLES, FL 34103 City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: VP () Change (X) Addition

Name: Name: HENSON, CHRISTINE

Address: Address: 28341 SOUTH TAMIAMI TRAIL, SUITE 1

City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete Title: VP () Change (X) Addition

Name: Name: LUKE, TOM

Address: 28341 SOUTH TAMIAMI TRAIL, SUITE 1

City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE HENSON VP 02/19/2004