

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000021895

1. Entity Name
DIAG MANAGEMENT, INC.



Principal Place of Business
8881 Terrene Ct. Suite 104
Bonita Springs, FL 34135

Mailing Address

P.O. Box 2311
Bonita Springs, FL 34133

DO NOT WRITE IN THIS SPACE

**FILED
May 02, 2006 8:00 am
Secretary of State**

05-02-2006 90212 015 ***150.00

00006006



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0900211	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

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

**DO NOT WRITE
IN THIS SPACE**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	HANSEN, GERM
STREET ADDRESS	28341 SOUTH TAMiami TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VP
NAME	HENSON, CHRISTINE
STREET ADDRESS	28341 SOUTH TAMiami TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VP
NAME	LUKE, TOM
STREET ADDRESS	28341 SOUTH TAMiami TRAIL, SUITE 1
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Thomas J. Luke 4/25/06 239-390-0991
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #