

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000028989

**Entity Name:** NH-DIAB, INC.

**Current Principal Place of Business:**

5220 BELFORT ROAD  
SUITE 200  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

P.O. BOX 551187  
JACKSONVILLE, FL 32255

**FEI Number:** 65-0744786

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title            TRES  
Name            MILES, DAVID  
Address        5220 BELFORT RD., SUITE 200  
City-State-Zip: JACKSONVILLE FL 32256

Title            SECY  
Name            MILES, DAVID  
Address        5220 BELFORT RD., SUITE 200  
City-State-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:** DAVID MILES

**TREASURER**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date