

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000005916

**Entity Name:** DIAMETER HEALTH, INC

**Current Principal Place of Business:**

5555 GATE PARKWAY  
STE 110  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

5555 GATE PARKWAY  
STE 110  
JACKSONVILLE, FL 32256 US

**FEI Number:** 46-2759279

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            SECRETARY  
Name            HERBST, SCOTT  
Address        5555 GATE PARKWAY  
                  STE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title            TREASURER  
Name            PETITO, FRANK  
Address        5555 GATE PARKWAY  
                  STE 110  
City-State-Zip: JACKSONVILLE FL 32256

Title            CEO  
Name            THOMAS, RUSSELL S.  
Address        5555 GATE PARKWAY  
                  STE 110  
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:** SCOTT HERBST

**SECRETARY**

**08/13/2024**

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

\_\_\_\_\_  
Date