

1.) CORPORATION NAME:

**DIAMOND HEALTHCARE CORPORATION**

DUE DATE: **3/31/2011**

SCC ID NO: **02686319**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
THOMAS F HANCOCK III  
4701 COX RD STE 400  
GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 85050

CITY/ST/ZIP: RICHMOND, VA 23285-5050

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GEORGE K WHITE  
TITLE: PRESIDENT  
ADDRESS: 701 E BYRD ST 15TH FLOOR  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: RICHARD WOODARD  
TITLE: EXECUTIVE VP  
ADDRESS: 701 E BYRD ST 15TH FLOOR  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: JOHN O BEHNKE  
TITLE: EXECUTIVE VP  
ADDRESS: 4201 FM 1960 WEST  
SUITE 160  
CITY/ST/ZIP/CO: HOUSTON, TX 77068-

OFFICER

DIRECTOR

NAME: WILLIAM A CARPENTER  
TITLE: CFO/VP  
ADDRESS: 701 E BYRD ST 15TH FLOOR  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

OFFICER

DIRECTOR

NAME: MICHAEL R HEATON  
TITLE: TREASURER  
ADDRESS: 4521 HIGHWOODS PARKWAY  
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-

OFFICER

DIRECTOR

NAME: THOMAS F HANCOCK TITLE: CHAIRMAN ADDRESS: 412 INNSLAKE DRIVE CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICHARD L SHRUM TITLE: DIRECTOR ADDRESS: 701 E BYRD STREET 15TH FLOOR CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STUART C YODOFSKY MD TITLE: DIRECTOR ADDRESS: DEPT PSYC BAYLOR COLL OF MEDICINE ONE BAYLOR PLAZA CITY/ST/ZIP/CO: HOUSTON, TX 77030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES M STEVENSON MD TITLE: DIRECTOR ADDRESS: DEPT PSY CHESNUT RIDGE HOSPITAL 930 CHESNUT RIDGE ROAD CITY/ST/ZIP/CO: MORGANTOWN, WV 26505-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS S GAYNER TITLE: DIRECTOR ADDRESS: 701 E BYRD STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ WILLIAM A CARPENTER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>WILLIAM A CARPENTER, CFO/VP</u> PRINTED NAME AND CORPORATE TITLE	<u>7/27/2011</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		