

1.) CORPORATION NAME:

**DIAMOND HEALTHCARE OF NORTHERN VIRGINIA, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

DUE DATE: **7/31/2011**

SCC ID NO: **04506861**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 E BYRD ST  
15TH FL

CITY/ST/ZIP: RICHMOND, VA 23219-

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	701 E BYRD ST 15TH FL		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219-		
NAME:	WILLIAM A CARPENTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO		
ADDRESS:	701 E BYRD ST 15TH FLOOR		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219-		
NAME:	SHARON M DAJON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/CORP COM		
ADDRESS:	701 EAST BTRD ST 15TH FLOOR		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219-		
NAME:	RICHARD V WOODARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	700 EAST MAIN STREET SUITE 900		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219-		
NAME:	MICHAEL R HEATON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060-		

NAME: JAMES M STEVENSON TITLE: Sr. VP Med Affa ADDRESS: DEPT OF PSYCHIATRY CHESNUT RIDGE HOPSITAL 930 CHESNUT RIDGE ROAD CITY/ST/ZIP/CO: MORGANTOWN, WV 26505-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: THOMAS F HANCOCK TITLE: CHAIRMAN ADDRESS: 4212 INNSLAKE DR CITY/ST/ZIP/CO: RICHMOND, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	WILLIAM A CARPENTER, SR <u>VP/CFO</u> PRINTED NAME AND CORPORATE TITLE	<u>7/27/2011</u> DATE
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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.