LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

FOR OFFICE USE ONLY
Postmark Date: 6-23-08
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Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME TONAGEL (Last) DIANA (First) L. (MI)

2. BUSINESS PHONE 985-778-1952 (Area Code and Phone Number)

3. BUSINESS ADDRESS 100 MARINERS BLVD., SUITE 1, MANDEVILLE LA 70448 (Street and No. / City / State / Zip)

MAILING ADDRESS P.O. BOX 2567 MANDEVILLE LA 70470 (Street and No. / City / State / Zip)

4. EMPLOYER MEDSOUTH RECORD MANAGEMENT, LLC

5. EMPLOYER'S ADDRESS P.O. BOX 1630 MANDEVILLE LA 70470 (Street and No. / City / State / Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name MEDSOUTH RECORD MANAGEMENT, LLC

Address P.O. BOX 1630, MANDEVILLE LA 70448

Business or purpose RELEASE OF INFORMATION SERVICE PROVIDER

Does this person pay you? YES, BUT NOT TO LOBBY.

If No, who pays you? I AM NOT PAID BY ANYONE TO LOBBY. AS STAFF COUNSEL, IT IS MERELY INCIDENTAL TO MY PROFESSIONAL RESPONSIBILITIES WHEN AN ISSUE ARISES GERMANE TO THE BUSINESS. I RECEIVE NO "OTHER" COMPENSATION FOR ANY SUCH WORK.

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2. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

3. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

4. Name_____

   Address_____

   Business or purpose_____

   Does this person pay you?_____

   If No, who pays you?_____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 500, Rev. 10/2002