LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

160
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 1415 Quail Dr., 3rd Floor, Baton Rouge LA 70808. (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 10-2-08
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1073127

1. NAME TONAGEL, DIANA L.
Last First MI

2. BUSINESS PHONE 985-778-1952

3. BUSINESS ADDRESS 100 MARINERS BLVD. STE. I, 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 SAME
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ✓ No ____ NEVER WAS INVOLVED IN ACTIVITIES REQUIRING REGISTRATION!! SEE ACT 769 (2008).

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (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; and (e) the date of termination if applicable.

1. Name MEDSOUTH RECORD MANAGEMENT, LLC

Address SAME

Business or purpose HEALTHCARE INFO. SERVICE PROVIDER

☐ New Representation
Does this person pay you? ____

If No, who pays you? ____

☑ Terminated Representation as of 6/23/2008

I should never have been advised by the Board or "required" to file. I am not a paid "Lobbyist" as defined by law.

Form 501 Rev 10/2002

SUPPLEMENTAL REGISTRATION FORM

1602
Lobbyist's Registration Number

2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

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 501, Rev. 12/98/02