

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054511

FILED
Sep 06, 2005
Secretary of State

Entity Name: DIABETES SUPPLY CARE CENTER,INC

Current Principal Place of Business:

2200 NORTH FEDERAL HWY
STE 229-A
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2200 NORTH FEDERAL HWY
STE 229-A
BOCA RATON, FL 33431

New Mailing Address:

2200 NORTH FEDERAL HWY
STE 229-A
BOCA RATON, FL 33431 US

FEI Number: 56-2430959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, DEREK
200 N.W 15TH COURT
POMPAÑO BEACH, FL 33060 US

Name and Address of New Registered Agent:

WHITE, CHERYL
2200 NORTH FEDERAL HWY
STE 229-A
BOCA RATON, FL 33431 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: CHERYL WHITE

09/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITE, CHERYL O
Address: 2200 NORTH FEDERAL HWY STE 229-A
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WHITE, CHERYL O
Address: 2200 NORTH FEDERAL HWY STE 229-A
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP () Change (X) Addition
Name: WHITE, ASHTON A
Address: 2200 NORTH FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL WHITE

P

09/06/2005

Electronic Signature of Signing Officer or Director

Date