2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000054511

1. Entity Name
DIABETES SUPPLY CARE CENTER,INC

Principal Place of Business	Mailing Address
2200 NORTH FEDERAL HWY STE 228-A BOCA RATON, FL 33431	2200 NORTH FEDERAL HWY STE 228-A BOCA RATON, FL 33431 US

DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-2430959

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, CHERYL
2200 NORTH FEDERAL HWY
STE 228-A
BOCA RATON, FL 33431

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: CHERYL White | Cheryl White - President DATE: 5/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $350.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITE, CHERYL O
STREET ADDRESS	2200 NORTH FEDERAL HWY STE 228-A
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	WHITE, ASHTON A
STREET ADDRESS	2200 NORTH FEDERAL HWY
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/13/06-80103-025 150.00

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: Cheryl White | CHERYL White 5/1/06 PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Date