2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000054511

Entity Name: DIABETES SUPPLY CARE CENTER, INC

FILED Dec 17, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

2200 NORTH FEDERAL HWY 2200 NORTH FEDERAL HWY STE 229-A STE 218

BOCA RATON, FL 33431 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

2200 NORTH FEDERAL HWY
STE 229-A
BOCA RATON, FL 33431 US
STE 218
BOCA RATON, FL 33431 US
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: Name and Address of New Registered Agent:

WHITE, CHERYL
2200 NORTH FEDERAL HWY
STE 229-A
BOCA RATON, FL 33431 US
WHITE, CHERYL
2200 NORTH FEDERAL HWY
STE 218
BOCA RATON, FL 33431 US
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 12/17/2009

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 Title: P (X) Change () Addition

Name: WHITE, CHERYL O Name: WHITE, CHERYL O

Address: 2200 NORTH FEDERAL HWY STE 229-A Address: 2200 NORTH FEDERAL HWY STE 218

City-St-Zip: BOCA RATON, FL 33431 US City-St-Zip: BOCA RATON, FL 33431 US

Title: VP (X) Delete Title: () Change () Addition

 Name:
 WHITE, ASHTON A
 Name:

 Address:
 2200 NORTH FEDERAL HWY
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 12/17/2009