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Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067579 (0)

1. Corporation Name
DIABETIC MEDSERV INC.

Principal Place of Business	Mailing Address
633 N.E. 167 STREET SUITE 501 NORTH MIAMI BEACH FL 33162	633 N.E. 167 STREET SUITE 501 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994

2. Principal Place of Business	2a. Mailing Address
21 1814 N. UNIVERSITY DR.	26 1814 N. UNIVERSITY DR.
Suite, Apt. #, etc. 22 MERCEDE EXECUTIVE PLAZA	Suite, Apt. #, etc. 27 MERCEDE EXECUTIVE PLAZA
City & State 23 Plantation, FL	City & State 28 Plantation, FL
Zip / Country 24 33322 / 25 USA	Zip / Country 29 33322 / 30 USA

4. FEI Number: 65-0550344 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CURRAN, III, M. GLENN 2400 E. COMMERCIAL BLVD. SUITE 208 FT. LAUDERDALE FL 33308	81 Name: MICHAEL LEVINE ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 633 NE 167TH STREET 83: Suite 501 84 City: N Miami Beach FL 85 Zip Code: 33162

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Michael Curran III 6/9/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	TRUST, SONDRA		1.2 NAME	TRUST, SONDRA.	
STREET ADDRESS	633 NE 167 ST., #501		1.3 STREET ADDRESS	1814 N. UNIVERSITY Drive	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	T	☒ DELETE	2.1 TITLE		Change ☐ Addition
NAME	CRUZ, JAMES L		2.2 NAME		
STREET ADDRESS	633 NE 167 ST., #501		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	SECRETARY	Change ☒ Addition
NAME	WEINSTEIN, SCOTT		3.2 NAME	TRUST, SONDRA	
STREET ADDRESS	633 NE 167 ST., #501		3.3 STREET ADDRESS	1814 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162		3.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sondra Trust as President 6/9/98 954-916-1555