

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90256 020 \*\*\*150.00

0382345 AV

**DOCUMENT # P96000053234**

**1. Entity Name**  
**DIABETES INFORMATION AND SUPPLY CENTER, INC.**

Principal Place of Business <b>318 SE 15TH AVENUE DEERFIELD BEACH FL 33441 US</b>	Mailing Address <b>318 SE 15TH AVENUE DEERFIELD BEACH FL 33441 US</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>65-0676829</b>		<input type="checkbox"/> Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<input type="checkbox"/> Not Applicable			
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>							
<b>WHITE, RUSSELL A ESQ.</b> <b>1401 EAST BROWARD BOULEVARD</b> <b>SUITE 300</b> <b>FORT LAUDERDALE FL 33301</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		Zip Code	

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FELD, DOROTHY</b>			NAME			
STREET ADDRESS	<b>1537 E HILLSBORO BLVD APT 741</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEERFIELD BCH FL 33441</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FELD, RICHARD</b>			NAME			
STREET ADDRESS	<b>2838 ABBEY MANOR CIR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BROOKEVILLE MD 20833</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FELD, JEFFREY</b>			NAME			
STREET ADDRESS	<b>1413 KELSEO BLVD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>			CITY-ST-ZIP			
TITLE	<b>DVAS</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FELD, MICHAEL</b>			NAME			
STREET ADDRESS	<b>1537 E HILLSBORO BLVD #741</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

**13.** 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dorothy Feld* **4/1/02** **954-421-1504**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)