

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000053234

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: DIABETES INFORMATION AND SUPPLY CENTER, INC.

## Current Principal Place of Business:

600 FAIRWAY DR.  
103B  
DEERFIELD BEACH, FL 33441 US

## New Principal Place of Business:

7235 PROMENADE DR.  
J502  
BOCA RATON, FL 33433 US

## Current Mailing Address:

600 FAIRWAY DR.  
103B  
DEERFIELD BEACH, FL 33441 US

## New Mailing Address:

7235 PROMENADE DR.  
J502  
BOCA RATON, FL 33433 US

FEI Number: 65-0676829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, RUSSELL A ESQ.  
1401 EAST BROWARD BOULEVARD  
SUITE 300  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FELD, DOROTHY  
Address: 7235 PROMENADE DR J 502  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: FELD, RICHARD  
Address: 2838 ABBEY MANOR CIR  
City-St-Zip: BROOKVILLE, MD 20833

Title: D ( ) Delete  
Name: FELD, JEFFREY  
Address: 1413 KELSO BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: DVAS ( ) Delete  
Name: FELD, MICHAEL  
Address: 7235 PROMENADE DR J 502  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DOROTHY FELD

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date