

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$590 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

000660  
 1

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 JUL 27 PM 12:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # V03609  
 1. Corporation Name  
 M.K. DIABETIC SUPPORT SERVICES, INC.

Principal Place of Business: 8400 BAY MEADOWS WAY #3 JACKSONVILLE FL 32257 US  
 Mailing Address: 8400 BAY MEADOWS WAY #3 JACKSONVILLE FL 32257 US

2. Principal Place of Business (21-23)  
 2a. Mailing Address (24-26)  
 22. Suite, Apt. #, etc.  
 27. City & State  
 23. City & State  
 28. City & State  
 24. Zip  
 25. Country  
 29. Zip  
 30. Country

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified: 01/02/1992  
 4. FEI Number: 59-3098994  
 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 the current year Intangible Personal Property:  Yes  No

9. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City  
 85. Zip Code: FL

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TROWBRIDGE, WARREN K	
STREET ADDRESS	10010 SKINNER LAKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOGGS, MARK A	
STREET ADDRESS	505 WILLOW OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Boogs, Mark A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	505 Willow Oak Ln Jacksonville 32259	
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wayne Palladino	
2.3 STREET ADDRESS	11 Skyline Dr	
2.4 CITY-ST-ZIP	Hawthorne, NY 10532	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Mark A. Boggs Pres Date: 4/22/99 Day/line Phone #: 9047333525

CR2E034 (5/99)

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ACCOUNT NO. : 072100000032  
 REFERENCE : 320524 7184783  
 AUTHORIZATION : *Patricia Pizets*  
 COST LIMIT : \$ ~~450.00~~ *550.00*

ORDER DATE : July 27, 1999  
 ORDER TIME : 1:46 PM  
 ORDER NO. : 320524-005  
 CUSTOMER NO: 7184783  
 CUSTOMER: Mark Boggs, President  
 Transworld Healthcare  
 8400 Baymeadows Road, Suite 3  
 Jacksonville, FL 32256

RECEIVED  
 99 JUL 30 11 10 53

ANNUAL REPORT FILING

NAME: M.K. DIABETIC SUPPORT SERVICES INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
 99 JUL 27 PM 3 15  
 RESUBMITTED  
 Please give original submission date