SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -1 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V25037** **(5)**

1. Corporation Name

DIABETES SUPPORT SYSTEMS, INC.

Principal Place of Business	Mailing Address
MERCED EXECUTIVE PARK 1814 N. UNIVERSITY DRIVE PLANTATION FL 33322 US	MERCED EXECUTIVE PARK 1814 N. UNIVERSITY DRIVE PLANTATION FL 33322 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1992
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business	2a. Mailing Address
21 1868 N. University Dr.	26 1868 N. University Dr.
Suite, Apt. #, etc. 22 Suite 106	Suite, Apt. #, etc. 27 Suite 106
City & State 23 Plantation, FL	City & State 28 Plantation, FL
Zip 24 33322 Country 25 U.S.A.	Zip 29 33322 Country 30 U.S.A.

4. FEI Number: 65-0327602 ☐ Applied For ☐ Not Applicable

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

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELATE, MARY LEE R.N.BSN MERCEDE EXECUTIVE PARK 1814 N. UNIVERSITY DRIVE PLANTATION FL 33322	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.		
TITLE	P	11 TITLE		☒ Change ☐ Addition
NAME	DELATE, MARY L	12 NAME		
STREET ADDRESS	1145 NW 111 AVENUE	13 STREET ADDRESS	11920 NW 27 Street	
CITY ST ZIP	PLANTATION FL 33322	14 CITY ST ZIP	Plantation, FL 33323	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	WATSON, THERESA	22 NAME		
STREET ADDRESS	9771 NW 24TH STREET	23 STREET ADDRESS	9700 SW 15th Dr.	
CITY ST ZIP	SUNRISE FL 33322	24 CITY ST ZIP	Davie, FL 33324	
TITLE	S	31 TITLE	C	☐ Change ☒ Addition
NAME		32 NAME	Wallace, Milton J.	
STREET ADDRESS		33 STREET ADDRESS	2222 Ponce de Leon Blvd. #203	
CITY ST ZIP		34 CITY ST ZIP	Coral Gables, FL 33134	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Malcolm G. MacNeill	
STREET ADDRESS		43 STREET ADDRESS	9690 NW 41st St.	
CITY ST ZIP		44 CITY ST ZIP	Miami, FL 33178	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Arthur G. Shapiro	
STREET ADDRESS		53 STREET ADDRESS	524 Arthur Godfrey Rd.	
CITY ST ZIP		54 CITY ST ZIP	Miami Beach, FL 33140	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Mary Lee Delate - Mary Lee Delate 7/26/95 (305)452-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077034 CP