

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V25037 (5)

1. Corporation Name
DIABETES SUPPORT SYSTEMS, INC.

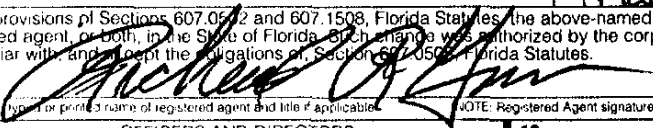
Principal Place of Business 1868 N UNIVERSITY DR STE 106 PLANTATION FL 33322 US	Mailing Address 1868 N UNIVERSITY DR STE 106 PLANTATION FL 33322-4110 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/30/1992	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0327602	Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

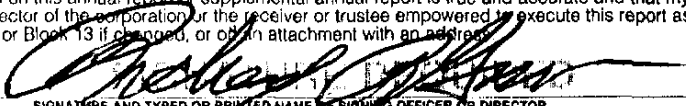
9. Name and Address of Current Registered Agent DELADE, MARY LEE R.N.BSN MERCEDE EXECUTIVE PARK 1868 N UNIVERSITY DR #106 PLANTATION FL 33322	10. Name and Address of New Registered Agent 81 Name Green, Richard R. 82 Street Address (P.O. Box Number is Not Acceptable) Mercede Executive Park 83 1868 N. University Dr. #106 84 City Plantation FL 85 Zip Code FL 33322
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11. Pursuant to the provisions of Sections 607.062 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 607.0504, Florida Statutes.

SIGNATURE:  DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME	DELADE, MARY L	1.2 NAME	Green, Richard R.
STREET ADDRESS	11920 NW 27TH ST	1.3 STREET ADDRESS	1868 N. University Drive #106
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE	D ☐ DELETE	2.1 TITLE	
NAME	DR JAY SKYLER	2.2 NAME	
STREET ADDRESS	1500 NW 12TH AVE #1012E	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	C ☐ DELETE	3.1 TITLE	
NAME	WALLACE, MILTON J	3.2 NAME	
STREET ADDRESS	2222 PONCE DE LEON BLVD 303	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	
NAME	MACNEIL, MALCOLM G	4.2 NAME	
STREET ADDRESS	9690 NW 41ST ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	
NAME	SHAPIRO, ARTHUR G	5.2 NAME	
STREET ADDRESS	524 ARTHUR GODFREY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	
NAME	CHARLES SIMMONS	6.2 NAME	
STREET ADDRESS	3646 SW 57TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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:  (954) 452-0202

CR2E034 (9/96)