

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109271

Entity Name: AAA DIABETIC SUPPLY, INC.

FILED  
Apr 22, 2004  
Secretary of State

**Current Principal Place of Business:**

4800 N FEDERAL HWY  
SUITE 100B  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

4800 N FEDERAL HWY  
SUITE 100B  
BOCA RATON, FL 33431 US

**New Mailing Address:**

FEI Number: 20-0284297      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WESTERMARCK, JOEL  
6865 NW 28TH STREET  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

LEVINE, MICHAEL  
4800 N. FEDERAL HIGHWAY  
SUITE 100B  
BOCA RATON, FL 33431 US

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: MICHAEL LEVINE      04/22/2004  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Change (X) Addition  
Name: BRANDT, MITCHELL  
Address: 4800 N. FEDERAL HIGHWAY, SUITE 100B  
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Change (X) Addition  
Name: LEVINE, MICHAEL  
Address: 4800 N. FEDERAL HIGHWAY, SUITE 100B  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL LEVINE      VP      04/22/2004  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date