I hereby 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 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY LEWIS

Electronic Signature of Signing Officer/Director Detail

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:

# **Officer/Director Detail :**

Title	D	Title	D
Name	HEWITT, KEON	Name	LEWIS, GREGORY DR
Address	7313 NW 18TH COURT	Address	1000 NE 12TH AVE
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	HALLANDALE FL 33009
Title	D		
Name	GENCHI, VICTOR MD		
Address	2619 PALM DEER DR		
Citv-State-Zip:	LOXAHATCHEE FL 33470		

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

# DOCUMENT# N19000004215

Entity Name: GLOBAL DIABETIC ASSOCIATION CORP

### **Current Principal Place of Business:**

7313 NW 18TH COURT PEMBROKE PINES. FL 33024

### **Current Mailing Address:**

POB 1607 HOLLYWOOD, FL 33022 US

### FEI Number: 84-1757245

FITZGERALD, FREDERICK EA 409 NW 17TH AVE FORT LAUDERDALE, FL 33011 US Certificate of Status Desired: No

02/05/2021

Date

Date

DIRECTOR