above, or on an attachment with all other like empowered. SIGNATURE: MIDDEY DAMIAN MD/PRESIDENT

Р

Officer/Director Detail : Title DAMIAN, MIDDEY MD Name

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:

WELLINGTON, FL 33414 US

DAMIAN, MIDDEY MD 10111 FOREST HILL BLVD.

SUITE 251

10111 FOREST HILL BLVD. #251 Address

City-State-Zip: WELLINGTON FL 33414

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

FILED Apr 05, 2013 Secretary of State CC3303801308

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103303

Entity Name: CHILDRENS ENDOCRINE & DIABETES CARE, INC.

Current Principal Place of Business:

10111 FOREST HILL BLVD. SUITE 251 WELLINGTON, FL 33414

Current Mailing Address:

10111 FOREST HILL BLVD. SUITE 251 WELLINGTON, FL 33414

FEI Number: 26-3428072

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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 607, Florida Statutes; and that my name appears

04/05/2013

Date

Date