

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000114061

**Entity Name:** DIABETES HEALTH EDUCATION SERVICES, LLC

**Current Principal Place of Business:**

12277 HICKORY FOREST ROAD  
SUITE A  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

12277 HICKORY FOREST ROAD  
SUITE A  
JACKSONVILLE, FL 32226

**FEI Number:** 46-3479725

**Certificate of Status Desired:** No

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

MARGARET CUEVAS BRANTLEY  
12277 HICKORY FOREST ROAD  
SUITE A  
JACKSONVILLE, FL 32226 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            MARGARET CUEVAS BRANTLEY  
Address        12277 HICKORY FOREST ROAD  
                  SUITE A  
City-State-Zip: JACKSONVILLE FL 32226

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGARET C. BRANTLEY

**CEO**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date