

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006357

**Entity Name:** DIABETICARE, LLC

**Current Principal Place of Business:**

19 S. DIXIE HWY.  
LAKE WORTH, FL 33460

**Current Mailing Address:**

19 S. DIXIE HWY.  
LAKE WORTH, FL 33460

**FEI Number:** 20-3578558

**Certificate of Status Desired:** No

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

KREBS, ROBERT T  
19 S. DIXIE HWY.  
LAKE WORTH, FL 33460 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 MGR  
Name KREBS, ROBERT T  
Address 19 S. DIXIE HWY.  
City-State-Zip: LAKE WORTH FL 33460

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

**SIGNATURE:** ROBERT T KREBS

MGR

04/25/2013

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

\_\_\_\_\_  
Date