

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002261

FILED  
Mar 29, 2005  
Secretary of State

Entity Name: DIABETIC CARE NETWORK, INC.

## Current Principal Place of Business:

1287 NEWPORT CTR DR.  
STE 203  
DEERFIELD BEACH, FL 33442

## New Principal Place of Business:

## Current Mailing Address:

1287 NEWPORT CTR DR.  
STE 203  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

FEI Number: 38-2975898

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICH, HOWARD  
1287 NEWPORT CTR DR., STE 203  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RICH, HOWARD L PRES.  
Address: 1287 NEWPORT CTR DR., STE 203  
City-St-Zip: DEERFIELD BEACH, FL

Title: TD ( ) Delete  
Name: LAXER, SHELDON  
Address: 1287 NEWPORT CTR DR., STE 203  
City-St-Zip: DEERFIELD BEACH, FL

Title: CSD ( ) Delete  
Name: CZEISZPERGER, GEORGE  
Address: 125 BELLEVIEW  
City-St-Zip: MT. CLEMENS, MI

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HOWARD RICH

PRES

03/29/2005

Electronic Signature of Signing Officer or Director

Date