## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000002261

Entity Name: DIABETIC CARE NETWORK, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1287 NEWPORT CENTER DR. 3260 NW 23 RD AVE

STE 203 STE 800

DEERFIELD BEACH, FL 33442 POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

1287 NEWPORT CTR DR. 3260 NW 23 RD AVE

STE 203 STE 800

DEERFIELD BEACH, FL 33442 POMPANO BEACH, FL 33069

FEI Number: 38-2975898 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RICH, HOWARD RICH, HOWARD PRES 1287 NEWPORT CTR DR., STE 203 RICH, HOWARD PRES 3260 NW 23 RD AVE

DEERFIELD BEACH, FL 33442 US #800

POMPANO BEACH, FL 33069 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: HOWARD RICH 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: RICH, HOWARD L PRES. Name: RICH, HOWARD L PRES.

Address: 1287 NEWPORT CTR DR., STE 203 Address: 9910 NW 45 ST

City-St-Zip: DEERFIELD BEACH, FL City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: LAXER, SHELDON Name: LAXER, SHELDON

Address: 1287 NEWPORT CTR DR., STE 203 Address: 8723 EAGLE RUN DR
City-St-Zip: DEERFIELD BEACH, FL City-St-Zip: BOCA RATON, FL 33434

Title: CSD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CZEISZPERGER, GEORGE
 Name:

 Address:
 125 BELLEVIEW
 Address:

 City-St-Zip:
 MT. CLEMENS, MI
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 03/24/2009