

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002261

FILED  
Apr 10, 2012  
Secretary of State

Entity Name: DIABETIC CARE NETWORK, INC.

**Current Principal Place of Business:**

3260 NW 23 RD AVE  
STE 800  
POMPAN0 BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3260 NW 23 RD AVE  
STE 800  
POMPAN0 BEACH, FL 33069

**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 PRES  
3260 NW 23 RD AVE  
# 800  
POMPAN0 BEACH, FL 33069 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RICH, HOWARD L PRES.  
Address: 9910 NW 45 ST  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD  
Name: LAXER, SHELDON  
Address: 8723 EAGLE RUN DR  
City-St-Zip: BOCA RATON, FL 33434

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

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 above, or on an attachment with all other like empowered.

SIGNATURE: HOWARD RICH

PRES

04/10/2012

Electronic Signature of Signing Officer or Director

Date