

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000848

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** OXFORD DIABETIC SUPPLY, INC.

**Current Principal Place of Business:**

304 PARK AVE S STE 218  
NEW YORK, NY 100104317

**New Principal Place of Business:**

**Current Mailing Address:**

304 PARK AVE S STE 218  
NEW YORK, NY 100104317

**New Mailing Address:**

**FEI Number:** 02-0743871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LETKO, EDWARD  
19333 COLLINS AVENUE  
APT 2807  
SUNNY ISLES BEACH, FL 33160 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:** PC  
**Name:** LETKO, EDWARD J  
**Address:** 9 KELSEY FARM ROAD  
**City-St-Zip:** MILFORD, NJ 08848

**Title:** VPVC  
**Name:** LETKO, SRITLANA  
**Address:** 9 KELSEY FARM ROAD  
**City-St-Zip:** MILFORD, NJ 08848

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:** EDWARD LETKO

PC

02/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date