

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000004925**

1. Entity Name  
**CERTIFIED DIABETIC SERVICES, INC.**



Principal Place of Business  
**3030 HORSESHOE DR SOUTH  
200  
NAPLES, FL 34104 US**

Mailing Address  
**3030 HORSESHOE DR SOUTH  
200  
NAPLES, FL 34104 US**



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0765452**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**FIELDS, ALAN B  
3030 HORSESHOE DRIVE SOUTH SUITE 200  
NAPLES, FL 34104**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000136587  
04/28/04-80095-025 150.00**

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>PETERSON, BRENT<br>3030 HORSESHOE DRIVE SOUTH SUITE 200<br>NAPLES, FL 34104 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>FIELDS, ALAN B<br>3030 HORSESHOE DRIVE SOUTH SUITE 200<br>NAPLES, FL 34104  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ERIE, ELROY E<br>3030 HORSESHOE DRIVE SOUTH SUITE 200<br>NAPLES, FL 34104    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: [Signature] BRENT PETERSON PRESIDENT APRIL 26, 2004 239,430.500**