2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# F97000004927

Entity Name: CERTIFIED DIABETIC SUPPLIES INC.

Current Principal Place of Business:

3030 HORSESHOE DRIVE SOUTH
SUITE 200
NAPLES, FL 34104

New Principal Place of Business:

10061 AMBERWOOD ROAD
FT. MYERS, FL 33913

Current Mailing Address:

3030 HORSESHOE DRIVE SOUTH
SUITE 200
NAPLES, FL 34104

New Mailing Address:

10061 AMBERWOOD ROAD
FT. MYERS, FL 33913

FEI Number: 65-0613873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC.
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602 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: D ( ) Delete
Name: FISHER, LOWELL
Address: 3030 HORSESHOE DRIVE SOUTH, #200
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: STUTZMAN, RONALD
Address: 5580 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D ( ) Delete
Name: POSTEMA, JAMES
Address: 358 BAYSHORE DR
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: MELTON, JOY
Address: 12055 GANDY BLVD # 232
City-St-Zip: SAINT PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FISHER, LOWELL
Address: 10061 AMBERWOOD ROAD
City-St-Zip: FT. MYERS, FL 33913

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 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: MARK BOCK VP 04/28/2009

Electronic Signature of Signing Officer or Director — Date