2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

F97000004927 **DOCUMENT #**

CERTIFIED DIABETIC SLIDDLIES INC.

1. Entity Name

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90453 012 ***150.00

FILE NOW!!! FEE IS \$150.00 'After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP FETERSON, BRENT 3030 HORSESHOE DRIVE SOUTH, #200 MAPLES FL 34104 TITLE DV FIELDS, ALAN B STREET ADDRESS OCTIV-ST-2P NAPLES FL 34104 TITLE DL DERIE, ELROY E 3030 HORSESHOE DRIVE SOUTH, #200 MAPLES FL 34104 TITLE NAME STREET ADDRESS OCTIV-ST-2P STREET ADDRESS S	OLIVII ILO DIADETIO GOVI DEG ING.									
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of charging its registered diffice or registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligation of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligation of Florities agent, and accept the obligation of registered agent, or both, in the State of Florities. I am tamiliar with, and accept the obligation of Florities agent, and	7									
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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	12. I hereby o	ertify that the information supplied with to	his filing does not qualify for	the exemption st	ated in Sec	tion 119.07(3)(i), Florida Statutes	. I further certify	that the ir	nformation	

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,

SIGNATURE: