## F98000000410

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CT Corporation System Requestor's Name 660 East Jefferson St: Address	(850)222=1092 Phone	3	99 DEC 23 PM I2: 1- 100003079053- -12/23/99-01029-020 ******35.00 ******35.0
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CR2E031 (1-89)

W.P. Verlfier

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Virginia</u>
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: DIABETES SELF CARE, INC.
2. The mailing address of the corporation is: 3601 Thirlane Road
Valley Court, Suite 4 & 5, Roanoake, VA 24019
3. Date of incorporation/qualification: 1/23/1998 Document number: F98000000410
4. The name and address of the current registered agent and office:
Corporation Service Company
Tallahassee, FL 32301  5. The name and address of the new registered agent and office: (P. O. Pox Not A counts)
and the registered agent and office. (1.0. Box 100 Acceptable)
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
/ Kellerta S. McCaur 12-15-99 (Signature of an officer, chairman or vice chairman of the board) (Date)
/ Signature of an officer, chairman or vice chairman of the board) $\frac{12-15-95}{\text{(Date)}}$
Roberta L. McCaw, Secretary
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
12-22-99
(Signature of Registered Agent)  JENNIFEK PACULTMAN
If signing on behalf of an entity:  ASSISTANT SECRETARY
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314