

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000410

1. Entity Name

DIABETES SELF CARE, INC.

Principal Place of Business

3601 THIRLANE ROAD
VALLEY COURT, SUITES 4 & 5
ROANOKE VA 24019

Mailing Address

3601 THIRLANE ROAD
VALLEY COURT, SUITES 4 & 5
ROANOKE VA 24019-3039

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1432116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

City

Plantation

FL

Zip Code
33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature is required, typed or printed name)

JENNIFER F AULTMAN

ASSISTANT SECRETARY

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ~~PTG~~ President ☐ Delete
NAME GAINOR, MARK J
STREET ADDRESS 2205 HWY 42 NORTH
CITY-ST-ZIP MCDONOUGH GA 30253

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP & Treasurer & Director ☐ Change ☒ Addition
NAME Donald R. Millard
STREET ADDRESS 1850 Parkway Place, 12th Floor
CITY-ST-ZIP Marietta, GA 30067

TITLE Secretary ☐ Change ☒ Addition
NAME Roberta L. McCaw
STREET ADDRESS 1850 Parkway Place, 12th Floor
CITY-ST-ZIP Marietta, GA 30067

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta L. McCaw REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00 770/767-4500

Date

Daytime Phone #

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90015 002 ***150.00

LUU11343



DO NOT WRITE IN THIS SPACE