

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90124 002 ***550.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, 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: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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: P NAME: POWERS, FRANK D STREET ADDRESS: 1850 PARKWAY PLACE CITY-ST-ZIP: MARIETTA GA 30067	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: PETTIT, PARKER H STREET ADDRESS: 1850 PARKWAY PLACE, 12FL CITY-ST-ZIP: MARIETTA GA 30067	<input type="checkbox"/> Delete
TITLE: S NAME: MCCAW, ROBERTA L STREET ADDRESS: 1850 PERKWAY PLACE, 12TH FL CITY-ST-ZIP: MARIETTA GA 30067	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President NAME: Thomas M. Robbins STREET ADDRESS: 1850 Parkway Place CITY-ST-ZIP: Marietta, GA 30067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: Treasurer NAME: Yvonne J. Scossins STREET ADDRESS: 1850 Parkway Place CITY-ST-ZIP: Marietta, GA 30067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *Roberta L. McCaw, Secretary 7-17-02* 776/767-4500

CR2E034 (4/02)