

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90032 036 ***150.00

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**

44003719



2. Principal Place of Business
**3601 Thirlane Road
Suite, Apt. #, etc.
Suite 4**

3. Mailing Address
**1850 Parkway Place
Suite, Apt. #, etc.
12th Floor**

01082004 Chg-P CR2E034 (10/03)

City & State
Roanoke, VA
Zip
24019 Country
US

City & State
Marietta, GA
Zip
30067 Country
US

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

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating).

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JENNINGS, EUGENE
1850 PARKWAY PLACE
MARIETTA, GA 30067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PETIT, PARKER H
1850 PARKWAY PLACE, 12FL
MARIETTA, GA 30067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCCAW, ROBERTA L
1850 PARKWAY PLACE, 12TH FL
MARIETTA, GA 30067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SCOGGINS, YVONNE
1857 PARKWAY PLACE
MARIETTA, GA 30067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

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

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

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

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 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, with all other like empowered.

SIGNATURE:

Robert L. McCaw **Robert L. McCaw**

1-19-04 770/767-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #