FILED
Jul 14, 2003 8:00 am
Secretary of State
06-23-2003 90001 022 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

55051072

DOCUMENT # L02000015301

1. Entity Name
PRIMA DIABETIC SUPPLIES, LLC.

Principal Place of Business	Mailing Address
2269 SOUTH UNIVERSITY DRIVE 457 FORT LAUDERDALE, FL 33324	2269 SOUTH UNIVERSITY DRIVE 457 FORT LAUDERDALE, FL 33324

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2890 N Andrews Ave Suite "B"
City & State	Ft. Lauderdale, Fl
Zip / Country	33311 / USA

4. FEI Number 01-0726964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCOW, GERALD 2269 SOUTH UNIVERSITY DRIVE 457 FORT LAUDERDALE, FL 33324	Name: James F. Mahon Street Address (P.O. Box Number is Not Acceptable): 2890 N Andrews Ave Suite "B" City: Ft. Lauderdale FL Zip Code: 33311

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] 6/20/03
Signature, typed or printed name of registered agent and date as applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Marcow, Debbie 2269 S. University Drive Davie, Fl. 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ Managing Member Augoustotes, Christopher 2269 S University Drive Davie, Fl 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Member~~ Managing Member Augoustotes, Maria 2269 S Unkiversity Drive Davie, Fl. 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Debbie Marcow PRES. 6/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #