

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000027395

FILED
Jul 06, 2009
Secretary of State**Entity Name:** AMERICAN DIABETES WHOLESALE, LLC**Current Principal Place of Business:**2501 NW 34TH PLACE
STE 35
POMPANO BEACH, FL 33069**New Principal Place of Business:****Current Mailing Address:**2501 NW 34TH PLACE
STE 35
POMPANO BEACH, FL 33069**New Mailing Address:****FEI Number:** 20-5543555**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAGUIRE, MICHAEL
2501 NW 34TH PLACE, STE. 35
POMPANO BEACH, FL 33069 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: ADW MANAGEMENT, LLC
Address: 615 SOUTH DUPONT HIGHWAY
City-St-Zip: DOVER, DE 19901**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: MAGUIRE, MICHAEL
Address: 2501 NW 34TH PLACE, SUITE 35
City-St-Zip: POMPANO, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL MAGUIRE

MGR

07/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date