

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000027395

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN DIABETES WHOLESAL, 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  
23 ROYAL PALM WAY, #15  
BOCA RATON, FL 33432 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  
Name: MAGUIRE, MICHAEL  
Address: 2501 NW 34TH PLACE, SUITE 35  
City-St-Zip: POMPANO, FL 33069

I hereby 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

02/08/2011

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