

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022623

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** VILLAGE DIABETIC SUPPLY, LLC.

**Current Principal Place of Business:**

751 PARK OF COMMERCE DRIVE  
SUITE 126  
BOCA RATON, FL 334873622 US

**New Principal Place of Business:**

**Current Mailing Address:**

751 PARK OF COMMERCE DRIVE  
SUITE 126  
BOCA RATON, FL 334873622 US

**New Mailing Address:**

**FEI Number:** 30-0481108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICKSON, LAWRENCE A  
751 PARK OF COMMERCE DRIVE, SUITE 126  
BOCA RATON, FL 334873622 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:** MGRM  
**Name:** DICKSON, JANINE C  
**Address:** 751 PARK OF COMMERCE DRIVE, SUITE 126  
**City-St-Zip:** BOCA RATON, FL 334873622

**Title:** MGRM  
**Name:** JANSON, SILVIA J  
**Address:** 751 PARK OF COMMERCE DRIVE, SUITE 126  
**City-St-Zip:** BOCA RATON, FL 334873622

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: GARY M. JANSON

MGR

04/30/2012

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