

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088552

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** INDIAN DIABETIC SERVICES LLC

**Current Principal Place of Business:**

165 AVENUE L  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

3 CROSSMAN LANE  
DANVERS, MA 01923

**New Mailing Address:**

**FEI Number:** 27-1260189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GEISSLER, SHARI  
385 OAKVIEW DRIVE  
DELRAY BEACH, FL 33445 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:** FRANK, JOEL SR.  
**Address:** 6341 NW 33RD STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33024

**Title:** MGRM  
**Name:** GEISSLER, SHARI  
**Address:** 385 OAKVIEW DRIVE  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** MGRM  
**Name:** TALESMAN, DARILYN  
**Address:** 385 OAKVIEW DRIVE  
**City-St-Zip:** DELRAY BEACH, FL 33445

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:** SHARI GEISSLER

MGRM

04/29/2010

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