

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016841

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** EZ-CHEK DIABETIC SUPPORT PROGRAM, LLC

**Current Principal Place of Business:**

6601 MEMORIAL HWY - # 230  
TAMPA, FL 33615

**New Principal Place of Business:**

7816 SILVERADO CT.  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

6601 MEMORIAL HWY - # 230  
TAMPA, FL 33615

**New Mailing Address:**

7816 SILVERADO CT.  
HOLLYWOOD, FL 33024

**FEI Number:** 27-1939263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADORNO, GIL  
6601 MEMORIAL HWY - # 230  
TAMPA, FL 33615 US

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

ADORNO, GIL A  
7816 SILVERADO CT.  
HOLLYWOOD, FL 33024 US

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: GIL ADORNO

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ADORNO, GIL A  
Address: 7816 SILVERADO CT.  
City-St-Zip: HOLLYWOOD, FL 33024

Title: VP  
Name: CARRASQUILLO, CARLOS  
Address: 6355 NW 36TH ST.  
City-St-Zip: MIAMI, FL 33166

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: GIL ADORNO

PRES

04/29/2011

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