

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016954

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** DOCTOR DIABETIC SUPPLY, LLC

**Current Principal Place of Business:**

3660 ENTERPRISE WAY  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

3660 ENTERPRISE WAY  
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number:** 65-1110957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PRESTIN, BRUCE E  
2717 WEST CYPRESS CREEK ROAD, #1132  
FT. LAUDERDALE, FL 33309 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:** CRAIG, RYAN  
**Address:** 3660 ENTERPRISE WAY  
**City-St-Zip:** MIRAMAR, FL 33025

**Title:** MGR  
**Name:** HARGARTEN, TIM  
**Address:** 3660 ENTERPRISE WAY  
**City-St-Zip:** MIRAMAR, FL 33025

**Title:** MGR  
**Name:** DRAZAN, KENNETH  
**Address:** 3660 ENTERPRISE WAY  
**City-St-Zip:** MIRAMAR, FL 33025

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:** TIMOTHY HARGARTEN

MGR

01/05/2012

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