

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11119

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: DIABETES HOME CARE, INC.

**Current Principal Place of Business:**

508 CENTRAL AVE  
CRESCENT CITY, FL 32112

**New Principal Place of Business:**

**Current Mailing Address:**

508 CENTRAL AVE  
CRESCENT CITY, FL 32112

**New Mailing Address:**

FEI Number: 65-0156186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUCHAN, GERARD  
508 CENTRAL AVE  
CRESCENT CITY, FL 32112      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: BUCHAN, GERARD,  
Address: 508 CENTRAL AVE  
City-St-Zip: CRESCENT CITY, FL 32112

Title: DS      ( ) Delete  
Name: BUCHAN, CHRISTINE W.,  
Address: P.O. BOX 265  
City-St-Zip: CRESCENT CITY, FL 32112

Title: DV      ( ) Delete  
Name: BUCHAN, BARRY DEAN,  
Address: 589 OLD HWY 17  
City-St-Zip: CRESCENT CITY, FL 32112

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV      ( ) Change (X) Addition  
Name: BUCHAN, CAROLYN W  
Address: 1001 GRAND RONDO ROAD  
City-St-Zip: CRESCENT CITY, FL 32112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARD BUCHAN

DP

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date