

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11119

FILED
Apr 19, 2009
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: DV () Delete
Name: BUCHAN, CAROLYN W
Address: 1001 GRAND RONDO ROAD
City-St-Zip: CRESCENT CITY, FL 32112

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

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

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04/19/2009

Electronic Signature of Signing Officer or Director

_____ Date