

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L11119

FILED  
Apr 21, 2011  
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 (X)**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GERARD BUCHAN

PRES

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date