

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90156 032 ***150.00



DOCUMENT # L11119

1. Entity Name
DIABETES HOME CARE, INC.

Principal Place of Business
**508 CENTRAL AVE
CRESCENT CITY FL 32112**

Mailing Address
**508 CENTRAL AVE
CRESCENT CITY FL 32112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0156186

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCHAN, GERARD
508 CENTRAL AVE
CRESCENT CITY FL 32112**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	BUCHAN, GERARD	
STREET ADDRESS	508 CENTRAL AVE	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BUCHAN, CHRISTINE W.	
STREET ADDRESS	P.O. BOX 265 N/A	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BUCHAN, BARRY DEAN	
STREET ADDRESS	RR 2, BOX 778A	
CITY-ST-ZIP	CRESCENT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/3/03 386-698-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/02)