


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L20329	
1. Entity Name DIABETES HEALTH CENTER, INC.	

Principal Place of Business 420 SOUTH DIXIE HWY., STE 4-E CORAL GABLES FL 33146	Mailing Address 420 SOUTH DIXIE HWY., STE 4-E CORAL GABLES FL 33146
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent QUINTERO, ROBERTA 420 SOUTH DIXIE HWY., STE 4-E CORAL GABLES FL 33146		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Roberta Quintero* DATE 2-12-04
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUINTERO, ROBERTA 420 SOUTH DIXIE HWY., STE 4-E CORAL GABLES FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000054708 02/17/04-80005-022 163.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Roberta Quintero* DATE 2-12-04 (305) 466-9943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #