2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N07000003885

Entity Name: DIABETES ASSISTANCE CENTERS, INC.

Current Principal Place of Business:

12230 FOREST HILL BOULEVARD
STE. 161
WELLINGTON, FL 33414

New Principal Place of Business:

3280 FAIRLANE FARMS RD.
SUITE 1
WELLINGTON, FL 33414

Current Mailing Address:

12230 FOREST HILL BOULEVARD
STE. 161
WELLINGTON, FL 33414

New Mailing Address:

3280 FAIRLANE FARMS RD.
SUITE 1
WELLINGTON, FL 33414

FEI Number: 26-0600384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FONDA, JERRY B
3280 FAIRLANE FARMS ROAD
SUITE 1
WELLINGTON, FL 33414 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: D/P ( ) Delete
Name: DEL VALLE, LAURA L
Address: 3735 PELICAN BAY COURT
City-St-Zip: WELLINGTON, FL 33414

Title: D/VP ( ) Delete
Name: FONDA, JERRY B
Address: 2555 COUNTRY GOLF DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D/S ( ) Delete
Name: LYNNE, MICHELLE
Address: 10144 BOCA PALM DRIVE
City-St-Zip: BOCA RATON, FL 33498

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA DEL VALLE D/P 07/09/2008
Electronic Signature of Signing Officer or Director — Date