

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003885

FILED  
Feb 11, 2012  
Secretary of State

**Entity Name:** DIABETES ASSISTANCE CENTERS, INC.

**Current Principal Place of Business:**

12230 FOREST HILL BLVD.  
SUITE 178  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

12230 FOREST HILL BLVD.  
SUITE 178  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 26-0600384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FONDA, JERRY B  
12230 FOREST HILL BLVD.  
SUITE 178  
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  
**Name:** DEL VALLE, LAURA L  
**Address:** 3735 PELICAN BAY COURT  
**City-St-Zip:** WELLINGTON, FL 33414

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

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

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

**SIGNATURE:** JERRY FONDA

VP

02/11/2012

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

\_\_\_\_\_  
Date