2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# N07000008852

Entity Name: FOUNDATION FOR DIABETES SELF-MANAGEMENT, INC.

Current Principal Place of Business:

2501 NW 34TH PLACE
SUITE 35
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2501 NW 34TH PLACE
SUITE 35
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 26-1109186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBES, ROBERT J
% GREENBERG TRAURIG, P.A.
5100 TOWN CENTER CIRCLE, SUITE 400
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

CHIRINSKY, ERIC L
5598 NE 7TH AVENUE
BOCA RATON, FL 33487 US

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: E CHIRINSKY 01/15/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CHIRINSKY, ERIC	
Address:	5598 NE 7TH AVENUE	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	D	( ) Delete
Name:	MAGUIRE, MICHAEL	
Address:	5308 MARINA CIRCLE	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	D	( ) Delete
Name:	BIGGINS, MICHAEL	
Address:	104 62ND STREET, BASEMENT APARTMENT 9	
City-St-Zip:	WEST NEW YORK, NJ 07093	
Title:	D	( ) Delete
Name:	LEWIN, ERIKA	
Address:	% 1900 NW CORPORATE BLVD, SUITE 300 EAST	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	D	( ) Delete
Name:	ROBES, ROBERT J ESQ	
Address:	% 5100 TOWN CENTER CIRCLE, SUITE 400	
City-St-Zip:	BOCA RATON, FL 33486	

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:	
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: ERIC CHIRINSKY D 01/15/2008
Electronic Signature of Signing Officer or Director — Date