

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011431

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: DIABETES FOOT CHECK, INC.

**Current Principal Place of Business:**

302 LEXINGDALE DRIVE  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 780936  
ORLANDO, FL 328780936

**New Mailing Address:**

FEI Number: 26-3957584

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAVIDSON, ANGELA  
302 LEXINGDALE DRIVE  
ORLANDO, FL 32828 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: CEOP ( ) Delete  
Name: DAVIDSON, ANGELA  
Address: 302 LEXINGDALE DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: V ( ) Delete  
Name: DAVIDSON, JAMES  
Address: 302 LEXINGDALE DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: S ( ) Delete  
Name: HUME, LARRY  
Address: 302 LEXINGDALE DRIVE  
City-St-Zip: ORLANDO, FL 32828

Title: T ( ) Delete  
Name: HUME, SHAWN  
Address: 1700 WOODBURY RD #205  
City-St-Zip: ORLANDO, FL 32828

**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:

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: ANGELA DAVIDSON

CEOP

04/29/2009

Electronic Signature of Signing Officer or Director

Date