

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N48899</b> (1) 1. Corporation Name <b>DIABETES FOUNDATION, INC.</b>			
Principal Place of Business		Mailing Address	
850 6TH AVE. N. NAPLES FL 34102 US		2338 IMMOKALEE RD. #228 NAPLES FL 33942-	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KARL, JAMES L II 975 N. COLLIER BLVD. MARCO ISLAND FL 33937		81 Name <i>Chetty, Jane Yeager</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>2375 Tamiami Tr. N., #310</i> 83 84 City <i>Naples</i> 85 Zip Code <i>34103</i>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.			
SIGNATURE <i>[Signature]</i> DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	BURNS, BARBARA		
STREET ADDRESS	853 VANDERBILT BEACH ROAD #228		
CITY-ST-ZIP	NAPLES FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	CONSONTO, MARILYN		
STREET ADDRESS	1000 ARBOR LAKE DR.		
CITY-ST-ZIP	NAPLES FL 33983		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	OLDHAM, SARALENE		
STREET ADDRESS	11983 N. TAMIAHI TRAIL STE. 112		
CITY-ST-ZIP	NAPLES FL 33983		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	
NAME	WALKER, JAMES		
STREET ADDRESS	999 NINTH ST. STE. 109		
CITY-ST-ZIP	NAPLES FL 33940		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Bulin, William Ph.D.		
1.3 STREET ADDRESS	70 Peach Court		
1.4 CITY-ST-ZIP	Marco Island, Florida 34145		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Consorto, Marilyn		
2.3 STREET ADDRESS	126 S.B. Glen Hollow Dr.		
2.4 CITY-ST-ZIP	Bonita Springs, Florida 34135		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Chetty, Jane Yeager		
3.3 STREET ADDRESS	1115 S. Longshore Way W.		
3.4 CITY-ST-ZIP	Naples, Florida 34119		
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	Miller, Joel		
4.3 STREET ADDRESS	6908 Lone Oak Blvd.		
4.4 CITY-ST-ZIP	Naples, Florida 34109		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/20/98 941.263-8771