

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007138

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: DIABETES COALITION OF ST. LUCIE COUNTY, INC.

## Current Principal Place of Business:

5150 N.W. MILNER DRIVE  
PORT ST. LUCIE, FL 34983 US

## New Principal Place of Business:

5150 NW MILNER DRIVE  
PORT ST. LUCIE, FL 34983 US

## Current Mailing Address:

5150 N.W. MILNER DRIVE  
PORT ST. LUCIE, FL 34983 US

## New Mailing Address:

5150 NW MILNER DRIVE  
PORT ST. LUCIE, FL 34983 US

FEI Number: 65-0854299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRIS, JAMES S  
5150 N.W. MILNER DRIVE  
PORT ST. LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

HARRIS, JAMES S  
5150 NW MILNER DRIVE  
PORT ST. LUCIE, FL 34983 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:

04/30/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BORCHELT, MARK M.D.  
Address: 1700 SE HILLMOOR AVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VD ( ) Delete  
Name: CHRULSKI, MAGDALENE J R.D.  
Address: 5150 N.W. MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SD ( ) Delete  
Name: HOOT, FLORENCE M R.N.  
Address: 5150 N.W. MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: TD ( ) Delete  
Name: HARRIS, JAMES S  
Address: 5150 N.W. MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete  
Name: SNURE, HELGA  
Address: 5150 N.W. MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BORCHELT, MARK MD  
Address: 1700 SE HILLMOOR AVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VD (X) Change ( ) Addition  
Name: CHRULSKI, MAGDALENE J R.D.  
Address: 5150 NW MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SD (X) Change ( ) Addition  
Name: HOOT, FLORENCE M R.N.  
Address: 5150 NW MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: TD (X) Change ( ) Addition  
Name: HARRIS, JAMES S  
Address: 5150 NW MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

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: JAMES HARRIS

TD

04/30/2007

Electronic Signature of Signing Officer or Director

Date