

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007138

FILED  
Jan 11, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0854299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SNURE, HELGA  
5150 NW MILNER DRIVE  
PORT ST. LUCIE, FL 34983 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: DR.  
Name: BORCHELT, MARK MD  
Address: 1700 SE HILLMOOR AVE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MS  
Name: CHRULSKI, MAGDALENE J R.D.  
Address: 5150 NW MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MS  
Name: HOOT, FLORENCE M R.N.  
Address: 5150 NW MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MS  
Name: JOHNS, CHRIS  
Address: 5150 NW MILNER DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

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

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: HELGA SNURE

DIR

01/11/2010

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

\_\_\_\_\_  
Date