2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P0000097801 1. Entity Name FREEDOM DIABETIC SUPPLY GROUP, INC. 04-18-2001 90014 042 ***150.00 Principal Place of Business Mailing Address C/O JERRY SOMMA C/O JERRY SOMMA 1 BUNKER PLACE 1 BUNKER PLACE 74000 U TEQUESTA FL 33469 TEQUESTA FL 33469 2. Principal Place of Business 222 U.S. 1 3. Mailing Address 222 us1Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 20B 208 City & State TEQUESTA City & State 4. FEI Number Applied For FlOLIDA Teoussta 108100 65-1051041 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 33469 PAIM Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOODMAN-GUENTHER, JOYCE ESQ. Street Address (P.O. Box Number is Not Acceptable) 10723 S.W. 104 ST. MIAMI FL 33176 City Zip Code 8. 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSD CR2E034 (10/00) Vice President TITLE Delete SOMMA, JERRY Maurice F. Malacarne NAME NAME 8896 South East MARINE BAY Drive 1 BUNKER PLACE STREET ADDRESS STREET ADDRESS Hobe Sound Florida 33455 CITY-ST-ZIP **TEQUESTA FL 33469** CITY-ST-7IP Delete ☐ Change TITLE TITLE VECCHIONE, ANTHONY NAME NAME STREET ADDRESS 8770 25 AVE. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BROOKLYN NY** TITLE ☐ Delete .Change. Addition_ ŃĀME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered,