FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 03, 2002 8:00 am
Secretary of State
10-03-2002 90050 031 ***550.00

DOCUMENT # P01000029664

1. Entity Name
ATLANTIC DIABETIC SUPPORT SYSTEMS, INC

DO NOT WRITE IN THIS SPACE

981518

2. Principal Place of Business	3. Mailing Address
990 S. CONGRESS AVE	SAME
Suite, Apt. #, etc.: Suite #1	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State
Zip: 33445 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 1100 299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT A KIESLING

Street Address (P.O. Box Number is Not Acceptable): 4793 N. CONGRESS AVE #206

City: BOYNTON BEACH FL Zip Code: 33426

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: ALEX BARTAK P 10/03/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D	TITLE
NAME ARTHUR R MADDALENA	NAME
STREET ADDRESS 2774 S OCEAN BLVD #301	STREET ADDRESS
CITY-ST-ZIP PALM BEACH FL 33480	CITY-ST-ZIP
TITLE P	TITLE
NAME ALEX BARTAK	NAME
STREET ADDRESS 101 N. LAKESIDE DR #2	STREET ADDRESS
CITY-ST-ZIP LAKE WORTH FL 33460	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX BARTAK 10/03/2002 561-243-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #