

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057091

FILED
Jan 08, 2007
Secretary of State

Entity Name: DOCTOR DIABETIC SUPPLY, INC.

Current Principal Place of Business:

3466 NORTH MIAMI AVE
MIAMI, FL 33127

New Principal Place of Business:

3500 NORTH MIAMI AVE
MIAMI, FL 33127

Current Mailing Address:

3466 NORTH MIAMI AVE
MIAMI, FL 33127

New Mailing Address:

3500 NORTH MIAMI AVE
MIAMI, FL 33127

FEI Number: 65-1110957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESTIN, BRUCE E
2700 W CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEISEL, GEORGE JR.
Address: 3466 N MIAMI AVE
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEISEL, GEORGE JR.
Address: 3500 N MIAMI AVE
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE HEISEL

D

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date