


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P01000057091 1. Entry Name DOCTOR DIABETIC SUPPLY, INC.	
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Principal Place of Business 3500 NORTH MIAMI AVE MIAMI, FL 33127	Mailing Address 3500 NORTH MIAMI AVE MIAMI, FL 33127
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1110957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000785071 01/16/08-80081-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISEL, GEORGE JR. 3500 N MIAMI AVE MIAMI, FL 33127
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_ Date: 1/10/08 Daytime Phone # \_\_\_\_\_