2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

3/25/06 (727) 393-7700
Date (727) 393-7700

DOCUMENT # P02000010049 1. Entity Name DIABETES AND MORE, INC.						04-03-2006	90403 00	6 ***15	0.00	
Principal Plac 3874 MCKAY LARGO, FL 3	CREEK DR	Mailing Address 3874 MCKAY CREEK DR LARGO, FL 33770-4566			50008221					
2. Principal Place of Business 1/590 SEMINOLE BLVD 35246 U.S. HWY			N 19 N	,						
Suite, Apt. #, etc. # 12 A		Suite, Apt. #, etc. # 107			03252006	Chg-P	CR2E034	(11/05)		
City & State LARGO FL		City & State PALM HARBOR FL			4. FEI Numb 27-600	Applied For Not Applicable				
33778-		34684-1931	Country USA		5. Certificate	of Status Desired		8.75 Addi e Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
RUNNELLS, KENT 101 MAIN STREET, SUITE A SAFETY HARBOR, FL 34695				LESLIE A DURBIN Street Address (P.O. Box Number is Not Acceptable)						
				PALM HARBOR FL 34684-1767						
The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.					4RBOR ed agent, or bo	th, in the State of Flo	rida. I am far	3468 niliar with, a	4-/767 and accept	
SIGNATURE Auslie AD whim LESLIE ADURBIN 3/25/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
					00 May Be ad to Fees					
10.	OFFICERS AND (DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND D	IRECTORS	IN 11	
TITLE	VPD	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS	DURBIN, LESLIE 2290 PINNACLE CIRCLE N		NAME STREET ADDRESS							
CITY-ST-ZIP	PALM HARBORRK, FL 34684		CITY-ST-ZIP	Pa,	M HAR	BAR FI	3468	4-17	67	
TITLE	PSTD	☐ Delete	TITLE			BOR, FL	9 7 0 0	Change	Addition	
NAME	HEATH, MARTIN K		NAME							
STREET ADORESS CITY-ST-ZIP	3874 MCKAY CREEK DR LARGO, FL 337704566		STREET ADDRESS CITY-ST-ZIP	1 00	رسے میں م	2 2-7-74	- 415	, ,	-	
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STREET ADDRESS			STREET ADDRESS							
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TITLE	· · · · 	☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADORESS			NAME STREET ADDRESS							
CITY-ST-ZIP		1	CITY-ST-ZIP							
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my si wered to execute this report as re	ignature shall ha	ave the s	ame legal effec	ct as if made under o	ath; that I am	an officer of	or director	