

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000013476

FILED
Jan 06, 2004
Secretary of State

Entity Name: DIABETES COLLECTION SERVICES, INC.

Current Principal Place of Business:

1917 HARRISON STREET
SUITE 450
HOLLYWOOD, FL 33020

New Principal Place of Business:

1849 NW 111TH AVE
PLANTATION, FL 33322

Current Mailing Address:

1917 HARRISON STREET
SUITE 450
HOLLYWOOD, FL 33020

New Mailing Address:

1849 NW 111TH AVE
PLANTATION, FL 33322

FEI Number: 04-3599080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCFARLANE, CHRIS J
1917 HARRISON STREET
SUITE 450
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SMITH, JOHNNIE B PD
1849 NW 111TH AVE
PLANTATION, FL 33322 US

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: JOHNNIE B SMITH JR

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SMITH, JOHNNIE B JR
Address: 1917 HARRISON STREET SUITE 450
City-St-Zip: HOLLYWOOD, FL 33020

Title: CEO () Delete
Name: MCFARLANE, CHRIS J
Address: 1917 HARRISON STREET STE 450
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SMITH, JOHNNIE B JR
Address: 1849 NW 111TH AVE
City-St-Zip: PLANTATION, FL 33322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHNNIE B SMITH JR

PD

01/06/2004

Electronic Signature of Signing Officer or Director

Date