## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000065402

Name:

Address:

City-St-Zip:

PEEL. MICHELLE

990 MORSE BLVD

RIVIERA BEACH, FL 33404

Entity Name: RELIABLE DIABETIC SUPPLY INC.

FILED Apr 21, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 990 MORSE BLVD 11211 PROSPERITY FARMS RD. RIVIERA BEACH, FL 33404 SUITE C-210 PALM BEACH GARDENS, FL 33410 **Current Mailing Address:** New Mailing Address: 990 MORSE BLVD RIVIERA BEACH, FL 33404 FEI Number: 01-0716696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VORSE, R. MICHAEL 11211 PROSPERITY FARMS RD. SUITE C-210 PALM BEACH GARDENS, FL 33410 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VORSE, R. MICHAEL Name: Name: 11211 PROSPERITY FARMS RD. SUITE C-210 Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: ( ) Delete Title: Title: () Change () Addition

Name:

Address:

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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: MICHELLE PEEL VP 04/21/2003