

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000070352

**FILED**  
**Aug 18, 2010**  
**Secretary of State**

**Entity Name:** AM-MED DIABETIC SUPPLIES, INC.

## **Current Principal Place of Business:**

3998 FAU BOULEVARD  
SUITE 215  
BOCA RATON, FL 33431 US

## **New Principal Place of Business:**

5180 W. ATLANTIC AVENUE  
SUITE 107  
DELRAY BEACH, FL 33484 US

## **Current Mailing Address:**

3998 FAU BOULEVARD  
SUITE 215  
BOCA RATON, FL 33431 US

## **New Mailing Address:**

5180 W. ATLANTIC AVENUE  
SUITE 107  
DELRAY BEACH, FL 33484 US

**FEI Number:** 04-3697616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## **Name and Address of Current Registered Agent:**

ZYLBERBERG, JAVIER  
3998 FAU BOULEVARD  
SUITE 215  
BOCA RATON, FL 33431 US

## **Name and Address of New Registered Agent:**

SINGER, BERNARD A ESQ  
3107 STIRLING ROAD  
SUITE 105  
FT. LAUDERDALE, FL 33312 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: BERNARD A. SINGER

08/18/2010

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DST  
Name: PERLMAN, MICHAEL O  
Address: 5180 W. ATLANTIC AVENUE, SUITE 107  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: D  
Name: PERLMAN, BRUCE  
Address: 5180 W. ATLANTIC AVENUE, SUITE 107  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: VP  
Name: SOBLICK, DAVID  
Address: 5180 W. ATLANTIC AVENUE, SUITE 107  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: P  
Name: ARONOFF, KEITH  
Address: 5180 W. ATLANTIC AVENUE, SUITE 107  
City-St-Zip: DELRAY BEACH, FL 33484 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL O. PERLMAN

D

08/18/2010

Electronic Signature of Signing Officer or Director

Date