2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2011
Secretary of State

DOCUMENT# P02000070352

Entity Name: AM-MED DIABETIC SUPPLIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 04-3697616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALVAREZ, TAMATHA S ESQ
2893 EXECUTIVE PARK DRIVE
SUITE 204
WESTON, FL 33331 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: TAMATHA S. ALVAREZ 01/14/2011
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 01/14/2011
Electronic Signature of Signing Officer or Director Date