

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000091223

1. Entity Name  
MEDICAL & DIABETIC SUPPLIES, INC.



Principal Place of Business  
197 HAMPTON CIRCLE  
JUPITER, FL 33458

Mailing Address  
197 HAMPTON CIRCLE  
JUPITER, FL 33458

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PENCHANSKY, LINDA S  
197 HAMPTON CIRCLE  
JUPITER, FL 33458

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when remitting) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: PENCHANSKY, LINDA  
STREET ADDRESS: 197 HAMPTON CIRCLE  
CITY-ST-ZIP: JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Linda Penchansky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
May 12, 2005 8:00 am  
Secretary of State**

04-18-2005 90279 019 \*\*\*150.00

**66016681**



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number: 01-0741428	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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IN THIS SPACE**

4-20-05 3617459167  
Date Daytime Phone #