2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000093672

Entity Name: ICARE DIABETIC SUPPLY, INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9614 ALTHEA WAY

PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

9614 ALTHEA WAY 1562 PARK LANE SOUTH, STE 400

PALM BEACH GARDENS, FL 33410 JUPITER, FL 33458

FEI Number: 04-3710057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARMOUR, ALAN I II 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401 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: ALAN ARMOUR

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPFT () Delete Title: D (X) Change () Addition

Name: BEVILLE, MELISSA A
Address: 9614 ALTHEA WAY
Address: 9614 ALTHEA WAY
BEVILLE, MELISSA A
Address: 9614 ALTHEA WAY

City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete Title: P () Change (X) Addition

Name: Name: TATUM, MORGAN

Address: Address: 1562 PARK LANE SO, STE 500

City-St-Zip: City-St-Zip: JUPITER, FL 33458

Title: () Delete Title: VP () Change (X) Addition

Name: Name: MILLER, ROBERT

Address: Address: 1562 PARK LANE SOUTH, STE 500

City-St-Zip: City-St-Zip: JUPITER, FL 33458

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: MORGAN TATUM P 01/05/2005