2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007
Secretary of State

DOCUMENT# P02000104963

Entity Name: ADVANCED DIABETES TREATMENT CENTERS FOUNDATION, INC.

Current Principal Place of Business:

9890 CENTRAL PARK BLVD., SUITE #124
BOCA RATON, FL 33428

New Principal Place of Business:

6400 CONGRESS AVE
SUITE 1400
BOCA RATON, FL 33487

Current Mailing Address:

6400 CONGRESS AVE, SUITE 1400
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 75-2985765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: NACHLAS, NATHAN E M.D.
Address: 9980 CENTRAL PARK BLVD., SUITE #124
City-St-Zip: BOCA RATON, FL 33428

Title: VST ( ) Delete
Name: SCHLOSSER, MARC I M.D.
Address: 9980 CENTRAL PARK BLVD., SUITE #124
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NACHLAS, NATHAN E M.D.
Address: 6400 CONGRESS AVE, SUITE 1400
City-St-Zip: BOCA RATON, FL 33487

Title: VST (X) Change ( ) Addition
Name: SCHLOSSER, MARC I M.D.
Address: 6400 CONGRESS AVE, SUITE 1400
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NATHAN E. NACHLAS P 02/27/2007

Electronic Signature of Signing Officer or Director — Date