

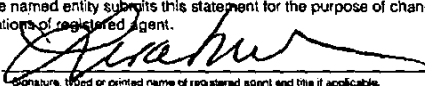
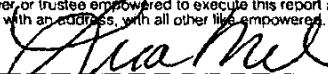


FILED
Apr 23, 2004 8:00 am
Secretary of State

04-12-2004 90238 030 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000066882					
1. Entity Name TLC DIABETIC SUPPLIES INC.					
Principal Place of Business 832 SOUTHEAST 8TH AVENUE DEERFIELD BEACH, FL 33441 US		Mailing Address 832 SOUTHEAST 8TH AVENUE DEERFIELD BEACH, FL 33441 US		66414496	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 371470030	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEHAN, LISA R 7200 WEST CYPRESSHEAD DRIVE PARKLAND, FL 33067				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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  DATE 4/8/04 <small>Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent Signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHAN, LISA R			NAME	
STREET ADDRESS	7200 WEST CYPRESSHEAD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	PARKLAND, FL 33067			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JACALYN R			NAME	Duke Rd
STREET ADDRESS	21201 BRAXFIELD LOOP			STREET ADDRESS	308 MANZFIELD RD
CITY-ST-ZIP	NAPLES, FL 34108			CITY-ST-ZIP	MANZFIELD, GA 30055
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 lines empowered.					
SIGNATURE: 				2/5/04 954 4271002	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	