

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000054511

1. Entity Name
DIABETES SUPPLY CARE CENTER, INC



Principal Place of Business
**2200 NORTH FEDERAL HWY
STE 229-A
BOCA RATON, FL 33431**

Mailing Address
**2200 NORTH FEDERAL HWY
STE 229-A
BOCA RATON, FL 33431 US**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2430959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WHITE, CHERYL
2200 NORTH FEDERAL HWY
STE 229-A
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

U00000940823

05/28/08-80086-010 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 **WHITE, CHERYL O**
STREET ADDRESS **2200 NORTH FEDERAL HWY STE 229-A**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **VP**
NAME **WHITE, ASHTON A**
STREET ADDRESS **2200 NORTH FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Cheryl White **CHERYL WHITE**

4/21/08 (561) 391-5854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #