2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 17, 2009
Secretary of State

DOCUMENT# P04000054511

Entity Name: DIABETES SUPPLY CARE CENTER,INC

Current Principal Place of Business:

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

New Principal Place of Business:

2200 NORTH FEDERAL HWY
STE 218
BOCA RATON, FL 33431

Current Mailing Address:

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

New Mailing Address:

2200 NORTH FEDERAL HWY
STE 218
BOCA RATON, FL 33431 US

FEI Number: 56-2430959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WHITE, CHERYL
2200 NORTH FEDERAL HWY
STE 218
BOCA RATON, FL 33431 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: CHERYL WHITE 12/17/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WHITE, CHERYL O
Address: 2200 NORTH FEDERAL HWY STE 229-A
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP (X) Delete
Name: WHITE, ASHTON A
Address: 2200 NORTH FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WHITE, CHERYL O
Address: 2200 NORTH FEDERAL HWY STE 218
City-St-Zip: BOCA RATON, FL 33431 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHERYL WHITE P 12/17/2009
Electronic Signature of Signing Officer or Director Date