

134000089038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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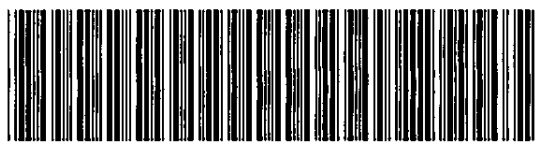
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: DIABETIC HEALTH SUPPLY INC
(Name of Corporation)

DOCUMENT NUMBER: P04000080038

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOELL ADAMS
(Name of Person)

DIA-CARE INC
(Name of Firm/Company)

19 S. DIXIE Hwy
(Address)

LAKE WORTH FL 33460
(City/State and Zip Code)

For further information concerning this matter, please call:

JOELL ADAMS at (561) 807 6935
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

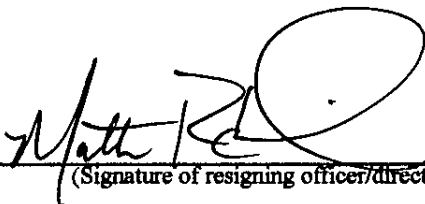
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MATTHEW REDAVIS, hereby resign as VICE PRESIDENT
(Title)

of DIABETIC HEALTH SUPPLY INC
(Name of Corporation)

PO4000080032, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314