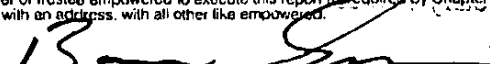


2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/4

FILED
Jun 03, 2005 8:00 am
Secretary of State

05-04-2005 90150 004 ***150.00

DOCUMENT # P04000086803																									
1. Entity Name DIABETIC HEALTH SOLUTIONS, INC.																									
Principal Place of Business 113 EASTERLY RD NORTH PALM BEACH, FL 33408			Mailing Address 113 EASTERLY RD NORTH PALM BEACH, FL 33408																						
2. Principal Place of Business			3. Mailing Address																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																						
City & State			City & State																						
Zip		Country	Zip		Country																				
4. FEI Number 86-111936			Applied For Not Applicable																						
5. Certificate of Status Desired ☐			8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent SOREN, BARRY 113 EASTERLY RD NORTH PALM BEACH, FL 33408			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																									
FILE NOW!!! FEE IS \$160.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																						
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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 authorized 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:  DATE: _____ DAYTIME PHONE: _____																									