

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096384

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: DIABETIC SPECIALIST ONLY, CORP.

**Current Principal Place of Business:**

13984 SW 139 CT.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13984 SW 139 CT.  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-1306706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARRERO, ADRIAN  
14957 SW 74 TR.  
MIAMI, FL 33193 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARRERO, ADRIAN  
Address: 14957 SW 74 TR.  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ADRIAN MARRERO

PD

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date