

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051193

FILED
Jan 24, 2007
Secretary of State

Entity Name: DIABETIC HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

1801 S FEDERAL HWY SUITE 223
DELRAY BEACH, FL 33483

New Principal Place of Business:

1761 W. HILLSBORO BLVD.
314
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1801 S FEDERAL HWY SUITE 223
DELRAY BEACH, FL 33483

New Mailing Address:

1761 W. HILLSBORO BLVD.
314
DEERFIELD BEACH, FL 33442

FEI Number: 65-1146979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATYNSKI, GARY
1801 S FEDERAL HWY SUITE 223
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

KATYNSKI, GARY
1761 W. HILLSBORO BLVD.
314
DEERFIELD BEACH, FL 33442 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: GARY KATYNSKI

01/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WOODFORD, TANYA
Address: 11254 67TH PLACE N
City-St-Zip: WEST PALM BEACH, FL 33483

Title: PST () Delete
Name: WOROBEY, DEBORAH
Address: 1801 S. FEDERAL HWY, SUITE 223
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PST (X) Change () Addition
Name: WOROBEY, DEBORAH
Address: 1761 W. HILLSBORO BLVD. SUITE 314
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP () Change (X) Addition
Name: CROSS, BARBIE
Address: 1761 W. HILLSBORO BLVD. SUITE 314
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH WOROBEY

PRES

01/24/2007

Electronic Signature of Signing Officer or Director

Date