

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000051193

FILED
Feb 21, 2007
Secretary of State**Entity Name:** DIABETIC HEALTH CARE SERVICES, INC.**Current Principal Place of Business:**1761 W. HILLSBORO BLVD.
314
DEERFIELD BEACH, FL 33442**New Principal Place of Business:****Current Mailing Address:**1761 W. HILLSBORO BLVD.
314
DEERFIELD BEACH, FL 33442**New Mailing Address:****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
1761 W. HILLSBORO BLVD.
314
DEERFIELD BEACH, FL 33442 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

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 WOROBAY

PRS

02/21/2007

Electronic Signature of Signing Officer or Director

Date