


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000089975 1. Entity Name WESTCHESTER DIABETES CARE CORP.			FILED 07 JUL -9 PM 3:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 7286 SW 40TH (BIRD ROAD) MIAMI, FL 33155		Mailing Address 7286 SW 40TH (BIRD ROAD) MIAMI, FL 33155	
2. Principal Place of Business - No P.O. Box # 7286 SW 40TH (Bird Road)		3. Mailing Address Cell 22 SW 110th CT	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33155		Zip 33193	
Country USA		Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENERIO, GUSTAVO 7286 SW 40TH STREET MIAMI, FL 33155		7. Name and Address of New Registered Agent Name RENE VILLASMIN Street Address (P.O. Box Number is Not Acceptable) 7286 SW 40TH (Bird Road) City Miami FL Zip Code 33155	
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: <i>X Rene Villasmin</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME VENERIO, GUSTAVO <input checked="" type="checkbox"/> Delete STREET ADDRESS 7286 S.W. 40 STREET CITY-ST-ZIP MIAMI, FL 33155	TITLE (P) RENE VILLASMIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 7286 SW 40TH (Bird Road) STREET ADDRESS MIAMI, FL 33155 CITY-ST-ZIP	200106626722 07/24/07--01023--012 **\$300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>X Rene Villasmin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	