

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000127947

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** SENIOR DIABETIC OUTREACH PROGRAM INC.

**Current Principal Place of Business:**

3725 SOUTH OCEAN DR, STE 602  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

3725 SOUTH OCEAN DR, STE 602  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 56-2431848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOLZ, EDWARD L  
3725 SOUTH OCEAN DRIVE  
SUITE 602  
HOLLYWOOD, FL 33019 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:** P  
**Name:** VOLZ, EDWARD L  
**Address:** 3725 SOUTH OCEAN DRIVE, SUITE 602  
**City-St-Zip:** HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

**SIGNATURE:** EDWARD L. VOLZ

CEO

04/30/2010

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

\_\_\_\_\_  
Date