

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000010947

Entity Name: FLORIDA DIABETES CENTER, INC.

FILED
Oct 08, 2007
Secretary of State

Current Principal Place of Business:

2361 NW 33RD STREET
607
OAKLAND PARK, FL 33309

Current Mailing Address:

2361 NW 33RD STREET
607
OAKLAND PARK, FL 33309

New Principal Place of Business:

1625 SE 3RD AVE.
SUITE 601
FORT LAUDERDALE, FL 33316

New Mailing Address:

1625 SE 3RD AVE
SUITE 601
FORT LAUDERDALE, FL 33316

FEI Number: 20-4111164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARMODY, JANICE M
2361 NW 33RD STREET
607
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

DARMODY, JANICE M
1425 SW 19TH AVE
FORT LAUDERDALE, FL 33312 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: JANICE DARMODY

10/08/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DARMODY, TODD MD
Address: 2361 NW 33RD STREET, 607
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DARMODY, TODD MD
Address: 1425 SW 19TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

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: TODD DARMODY, MD

P

10/08/2007

Electronic Signature of Signing Officer or Director

Date