2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P06000010947

Entity Name: FLORIDA DIABETES CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

FLECHA, JANICE
1625 SE 3RD AVE, SUITE 601
FORT LAUDERDALE, FL 33316 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 FLECHA 04/09/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DARMODY, TODD MD
Address: 1625 SE 3RD AVE, 601
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP ( ) Change (X) Addition
Name: FLECHA, JANICE
Address: 1625 SE 3RD AVE, 601
City-St-Zip: FORT LAUDERDALE, FL 33316

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 04/09/2008
Electronic Signature of Signing Officer or Director Date