

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000087936

FILED  
Jan 04, 2012  
Secretary of State

Entity Name: DIABETIC SUPPLY & SUPPORT, INC.

## Current Principal Place of Business:

5121 BOWDEN RD STE 306  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

10365 HOOD RD S  
STE 103  
JACKSONVILLE, FL 32257

## Current Mailing Address:

PO BOX 56695  
JACKSONVILLE, FL 322416695

## New Mailing Address:

10365 HOOD RD S  
STE 103  
JACKSONVILLE, FL 32257

FEI Number: 20-5146397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATSON, TODD ESQ.  
7785 BAYMEADOWS WAY STE 107  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

WALDROP, HOLLY  
10365 HOOD RD S  
STE 103  
JACKSONVILLE, FL 32257 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: HOLLY N WALDROP

01/04/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: WALDROP, HOLLY  
Address: 1855 FRUIT COVE WOODS DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D  
Name: GURGIS, VIVIAN  
Address: 113 SEA ISLAND DR  
City-St-Zip: PONTE VEDRA, FL 32082

Title: D  
Name: KASSNER, SUE  
Address: 9599 BENT OAK CT  
City-St-Zip: JACKSONVILLE, FL 32257

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: HOLLY N WALDROP

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date