

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089731

FILED
Feb 17, 2011
Secretary of State

Entity Name: DIABETES SUPPLY PROGRAM, INC.

Current Principal Place of Business:

5121 BOWDEN ROAD
SUITE 309
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

5121 BOWDEN ROAD
SUITE 309
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 20-5160648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, WILLIS C
5121 BOWDEN ROAD
SUITE 309
JACKSONVILLE, FL 32216 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: WHITE, WILLIS C PRES.
Address: P. O. BOX 50752
City-St-Zip: JACKSONVILLE BEACH, FL 32240 US

Title: SEC
Name: WHITE, SETH R SEC.
Address: 531 CANAL RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: TREA
Name: WHITE, SETH R TREA.
Address: 531 CANAL RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: DIR
Name: WHITE, SETH R DIR.
Address: 531 CANAL RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: DIR
Name: WHITE, WILLIS C DIR.
Address: P. O. BOX 50752
City-St-Zip: JACKSONVILLE BEACH, FL 32240 US

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: WILLIS C WHITE

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date