

P07000069267

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PICK-UP WAIT MAIL

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: E-Z DIABETES MANAGEMENT, inc.
Name of Corporation

DOCUMENT NUMBER: P07 0000 69267

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FRAN PALFI
Name of Contact Person

E-Z DIABETES MANAGEMENT, inc.
Firm/Company

2700 NORTH MACDILL AVE # 109
Address

TAMPA FL. 33607
City/State and Zip Code

ezdiabetes@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRAN PALFI at (561) 371 6418
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a ~~\$35.00~~ ^{\$10.00} check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2011

Fran Palfi
E-Z Diabetes Management, Inc.
2700 North MacDill Ave #109
Tampa, FL 33607

SUBJECT: E-Z DIABETES MANAGEMENT, INC.
Ref. Number: P07000069267

We have received your document for E-Z DIABETES MANAGEMENT, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 011A00001106

RECEIVED
11 FEB 11 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: E-2 DIABETES MANAGEMENT, INC.
2. The principal office address: 2700 NORTH MACDILL AVE # 109 TAMPA FL. 33607
3. The mailing address (if different): AS ABOVE
4. Date of incorporation/qualification: 6/13/07 Document number: P07000069267

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JULIET PALFI
6412 MULLIN ST
JUPITER, FL 33458

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 FEB 11 A 9:05

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

FRANCISKA PALFI
2700 NORTH MACDILL AVE., STE # 109
TAMPA, FL 33607

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

FRANCISKA PALFI (officer)
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

2/8/11

Date

If signing on behalf of an entity:

FRANCISKA PALFI
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314