

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000105984

Entity Name: A-1 DIABETIC SUPPLY, INC.

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5121 SE 107 STREET  
BELLEVIEW, FL 34420

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1532  
BELLEVIEW, FL 34421

**New Mailing Address:**

FEI Number: 26-3809821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALABRESE, MICHAEL A JR  
5121 SE 107 STREET  
BELLEVIEW, FL 34420 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

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  
Name: CALABRESE, MICHAEL A JR  
Address: 5121 SE 107 STREET  
City-St-Zip: BELLEVIEW, FL 34420

Title: VP  
Name: CALABRESE, CHELSEA  
Address: 5121 SE 107 STREET  
City-St-Zip: BELLEVIEW, FL 34420

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: MICHAEL CALABRESE

P

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date