

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105984

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** A-1 DIABETIC SUPPLY, INC.

**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 (X)**

**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

**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

PRES

02/10/2011

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

\_\_\_\_\_ Date