

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000070946

**FILED**  
**Jun 26, 2010**  
**Secretary of State**

**Entity Name:** TLC DIABETES HEALTHCARE CONSULTANTS & EDUCATION, INC.

**Current Principal Place of Business:**

9010 STRADA STELL COURT  
SUITE #203  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

9010 STRADA STELL COURT  
SUITE #203  
NAPLES, FL 34109 US

**New Mailing Address:**

2902 LEONARDO AVE  
NAPLES, FL 34119 US

**FEI Number:** 27-0788903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAHRAKI, SAMMY K  
9010 STRADA STELL COURT  
SUITE #203  
NAPLES, FL 34109 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: SHAHRAKI, SAMMY K  
Address: 9010 STRADA STELL COURT  
City-St-Zip: NAPLES, FL 34109 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: SAMMY K SHAHRAKI

P

06/26/2010

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

\_\_\_\_\_  
Date