FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29417** **(3)**

1. Corporation Name

HOME DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
2600 NW 55TH CT FT LAUDRDALE FL 33309 US	2600 NW 55TH CT FT LAUDERDALE FL 33309 US

3. Date Incorporated or Qualified: **05/18/1990**

3a. Date of Last Report: **05/10/1995**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: **22-2594392** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WISKOVITCH, ROBIN
2600 NORTH WEST 55TH COURT, SUITE 239
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name: PAUL CHIAVETTA

82 Street Address (P.O. Box Number is Not Acceptable): 2600 NW 55 COURT #239

83

84 City: FORT LAUDERDALE FL 85 Zip Code: 33309

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Paul Chiavetta — 1-18-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	HOLLEY, GEORGE		1.2 NAME		
STREET ADDRESS	109 GLOVER AVE.		1.3 STREET ADDRESS	131 Danbury Road	
CITY-ST-ZIP	NORWALK CT		1.4 CITY-ST-ZIP	Wilton, Connecticut 06897	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	SALEM, ROBERT		2.2 NAME		
STREET ADDRESS	109 GLOVER AVE.		2.3 STREET ADDRESS	131 Danbury Road	
CITY-ST-ZIP	NORWALK CT		2.4 CITY-ST-ZIP	Wilton, Connecticut 06897	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCALA, JOAN		3.2 NAME		
STREET ADDRESS	2600 NW 55TH CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	T	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRUZ, JAMES L		4.2 NAME		
STREET ADDRESS	2600 NW 55THJ CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	CHIAVETTA, PAUL		5.2 NAME	chiavetta, Paul	
STREET ADDRESS	2600 NW 55TH CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul Chiavetta — 1/18/96 — 305-677-9201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #