

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000042065

FILED
Sep 10, 2008
Secretary of State

Entity Name: DIABETIC SUPPLY FOUNDATION OF DELRAY, INC.

Current Principal Place of Business:

1261 SW 13 ST
BOCA RATON, FL 33486 US

New Principal Place of Business:

50 S OLD DIXIE HWY
JUPITER, FL 33458 US

Current Mailing Address:

7491 N FEDERAL HWY STE C5 #155
BOCA RATON, FL 33487 US

New Mailing Address:

50 S OLD DIXIE HWY
JUPITER, FL 33458 US

FEI Number: 65-0496674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAITHEL JR, WILLIAM S MR
1261 SW 13 ST
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

WESTERMARCK, JOEL MR
4410 NW 65 TERRACE
BOCA RATON, FL 33319 US

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: JOEL WESTERMARCK

09/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAITHEL JR, WILLIAM S MR
Address: 1261 SW 13 ST
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WESTERMARCK, JOEL MR
Address: 4410 NW 65 TERRACE
City-St-Zip: LAUDERHILL, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOEL WESTERMARCK

P

09/10/2008

Electronic Signature of Signing Officer or Director

Date