FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000067579 (0)

1. Corporation Name
DIABETIC MEDSERV INC.

Principal Place of Business
633 N.E. 167 STREET
SUITE 501
NORTH MIAMI BEACH FL 33162

Mailing Address
633 N.E. 167 STREET
SUITE 501
NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1994

2. Principal Place of Business
21 1814 N. UNIVERSITY DR.
Suite, Apt. #, etc.
22 MERCEDE EXECUTIVE PLAZA
City & State
23 Plantation, FL
Zip 24 33322 Country 25 USA

2a. Mailing Address
26 1814 N. UNIVERSITY DR.
Suite, Apt. #, etc.
27 MERCEDE EXECUTIVE PLAZA
City & State
28 Plantation, FL
Zip 29 33322 Country 30 USA

4. FEI Number: 65-0550344 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
CURRAN, III, M. GLENN
2400 E. COMMERCIAL BLVD.
SUITE 208
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name: MICHAEL LEVINE ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 633 NE 167TH STREET
83 Suite 501
84 City: N Miami Beach FL 85 Zip Code: 33162

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: Michael Levine — 6/9/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TRUST, SONDRA	
STREET ADDRESS	633 NE 167 ST., #501	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	T	☒ DELETE
NAME	CRUZ, JAMES L	
STREET ADDRESS	633 NE 167 ST., #501	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	S	☒ DELETE
NAME	WEINSTEIN, SCOTT	
STREET ADDRESS	633 NE 167 ST., #501	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	TRUST, SONDRA.	
1.3 STREET ADDRESS	1814 N. UNIVERSITY DRIVE	
1.4 CITY-ST-ZIP	Plantation, FL 33322	
2.1 TITLE		Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY	Change ☒ Addition
3.2 NAME	TRUST, SONDRA	
3.3 STREET ADDRESS	1814 N. UNIVERSITY DRIVE	
3.4 CITY-ST-ZIP	Plantation, FL 33322	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sondra Trust as President 6/9/98 954-916-1555

CR2E034 (10/97)