FILE NO PROF CORPORA ANNUAL R	ATION 🔏 🍸	Sandr	PARTMENT OF STATE ra B. Mortham elary of State			
199	6	1	F CORPORATIONS			
OCUMEN Corporation Name	NT # P940	00082525 ((4)			
TRANSWO	rld diabetic supp	PLY, INC.		A FORMAR A FAR TALES ADDATE OF A	kakin aanti muuu panta tim	A) ANNA MARI FILL
cipal Place of Busin	ness	Mailing Address				
8400 BAYMEADOWS WAY. STE. 3 JACKSONVILLE FL 32256		8400 BAYMEADOW JACKSONVILLE FL				
				3. Date Incorporated or Oualified 11/04/1994	3a. Date of Las 05/01	t Report //1995
Principal Piace of Business Suite, Apt. II, etc.		28. Mailing Address 26 Suite, Apt. #, etc. 27		4. FEI Number 59-3280085		Applied For Not Applicab
				5. Certificate of Status Desired		75 Additional Required
ity & Stale		Oty & State		6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
et»	Country 25	Zip 29	Country 30	8. This corporation has liability for Florida Statutes	r intangible tax under s 🔲 No	rs 199.032,
9, N	ame and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New F	Registered Agent	
ELEFANT, FRED 1650 PRUDENTIAL DR., STE. 105 JACKSONVILLE FL 32207			82 Street A	Address (P.O. Box Number is Not Acceptal	ble)	
			83			
JACKSONVIL	LE FL 32207 rovisions of Sections 607.050 st, or both, in the State of Fio	2 and 607.1508, Florida Statu ida: Such change was author tion 607.0505, Florida Statute	84 City utes, the above-named co rized by the corporation's l	rporation submits this statement for the pu board of directors. I hereby accept the app	FL ⁸⁵ prose of changing i pointment as registe	Zip Code ts registered off red agent. I am
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