

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000093685

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** DIABETIC SUPPLIES OF AMERICA, INC.

**Current Principal Place of Business:**

700 OLD DIXIE HIGHWAY, SUITE 110  
LAKE PARK, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

700 OLD DIXIE HIGHWAY, SUITE 110  
LAKE PARK, FL 33403 US

**New Mailing Address:**

**FEI Number:** 65-0543023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAWLEY, DEAN  
13254 ST. TROPEZ CIRCLE  
PALM BEACH GARDENS, FL 33410 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: MR  
Name: HAWLEY, DEAN  
Address: 13254 ST. TROPEZ CIR.  
City-St-Zip: PALM BEACH GARDENS, FL 33410 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: DEAN HAWLEY

PRES

01/07/2011

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

\_\_\_\_\_  
Date