

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030742

1. Entity Name  
DIABETES PROVIDERS, INC.

Principal Place of Business  
10003 CHAPMAN OAK COURT  
PALM BEACH GARDENS FL 33410  
US

Mailing Address  
10003 CHAPMAN OAK COURT  
PALM BEACH GARDENS FL 33410  
US

2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0577177

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

D'ONOFRIO, ANDREW  
19906 WILKINSON LEAS RD  
TEQUESTA FL 33469

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE DP  
NAME D'ONOFRIO, ANDREW  
STREET ADDRESS 19906 WILKINSON LEAS RD  
CITY-ST-ZIP TEQUESTA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Andrew D'Onofrio* Date: 1/8/02 Phone: 561-799-3530

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90027 011 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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