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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046488 (9)

DIARRETIC CARE SERVICE INC

DIADE	IIO CANE	SERVICE, INC.									
Principal Place of Business			Mailing Add	Mailing Address				-			
96 2ND ST. Ft. Myers f	L 339 07			96 2ND ST. FT. MYERS FL 33907			DO NOT WRI	TE IN THIS	SPACE		
								3. Date Incorporated or Qualified	1		
···								06/15/1995			
	Place of Busin	ness	h1	2a. Mailing Address				4, FEI Number		<u> </u>	pplied For
21	4 616			26				65-0589378			lot Applicable
Suite, Apt.	#, B (C.			Suite, Apt #, etc.				5, Certificate of Status Desired			Additional legulred
City & Stat	e		27 City & S	City & State				6. Election Campaign Financing			
23			h '	28				Trust Fund Contribution			May Be
Zip	Zip Country			Zip Country				8. This corporation owes or has			
24		25	29	29 30				Personal Property Tax due June 30. 🔀 Yes 🔲 No			_ ~
	g, Name	and Address of Curre	ent Registered Ag	ent		·		10. Name and Address of New I	Registered	Agent	
GU	ITTA, EDW/	ard a			81	Na	ime				
96 2ND ST					82	Str	eet Addre	ss (P.O. Box Number is Not Accept	able)		
FO	rt Myers	FL 33907									
					83	1					
					84	Cit	у			85 Zip	Code
dd Pigguant	to the provin	lone of Continue 607 OF	02 and 607 1500	Elorida Ctatuta	s the abou	10.001	nod corpo	oration submits this statement for the	FL	e l	ito ropintorod
Office or I	registered ac	gent, or both, in the Stat	le of Florida. Such i	change was a	uthorized b	y the	corporatio	on's board of directors. I hereby acc	ept the ap	pointment as	registered registered
agent. La	ım fa miliar w	ith, and accept the obli	gations of, Section	607.0505, Flo	rida Statute	S.					
SIGNATURE	Sionalure Ivued	For profled name of registered as	ocet and to e if and cable	INOTE	Registered Ac	ent sia	nature required	d when reinstating)	DATE		
12.			ND DIRECTORS		13.		in the second	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	PD		لر	DELETE	1.1 TITLE					Change	Addition
NAME	TANENE	BAUM, ROGER	_	·	1.2 NAME		- {				
STREET ADDRESS	96 2ND	ST.			1.3 STREE	1 ADDR	ESS				
CITY-ST-ZIP		RS FL 33907			1.4 CITY-	ST-ZIP					
TITLE	\$D			DELETE	21 TITLE			president		X Change	Addition
NAME		EDWARD A			2.2 NAME						
STREET ADDRESS	98 2ND				2.3 STREE	t addr	ESS	1140	, .		
CITY-ST-ZIP		RS FL 33907	····	Victor and	2 4 CITY-	ST-ZIP					- 1 A 1 BH
TITLE	TO		للر	DELETE	31 TITLE			•		Change	Addition
NAME		BAUM, YVONNE M		•	3.2 NAME						
STREET ADORESS	96 2ND				3.3 STREE						
CITY-ST-ZIP TITLE	FI. MIC	RS FL 33907		DELETE	3.4. CITY-	ST - ZIP				Change	Addition
NAME			L	יין טננגונ	4.1 TITLE		1 50	ecre tary		□ Change	Mary Mountion
STREET ADDRESS					4. 2 NAME 4.3 STREE			ecretary rancis Ann Gutta 2 25 5t. Myore, FL 3			
CITY-ST-ZIP					4.3 STREE		55 76	, Z = 37.	2607		
TITLE				DELETE	5.1 TITLE	SI- ZIP	FE	A Myore, FL 3	707	Change	Addition
NAME					5.2 NAME		- [
STREET ADDRESS					5.3 STREE	T ADDR	FSS				
CITY-ST-ZIP					5.4 CITY-						
TITLE				DELETE	61 TITLE					☐ Change	Addition
NAME	4				6.2 NAME					•	
STREET ADDRESS	,				6.3 STREE	r addri	ESS				

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if opanged, or on an attactment with an address.

FILED

May 06 1998 8:00am

Secretary of State