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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000072921 (6)

1. Corporation Name
PREMIER DIABETIC SERVICES, INC.



Principal Place of Business
1776 LAKE WORTH RD.
201
LAKE WORTH FL 33460
US

Mailing Address
1776 LAKE WORTH RD.
201
LAKE WORTH FL 33460-3692
US

3. Date Incorporated or Qualified
09/19/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1776 LAKE WORTH RD.

26 1776 LAKE WORTH RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101

27 101

City & State:

City & State:

23 LAKE WORTH FL.

28 LAKE WORTH, FL.

Zip

Country

Zip

Country

24 33460-3692

25

US

29 33460-3692

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AYLING, TERRY
1776 LAKE WORTH RD.
201
LAKE WORTH FL 33460

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME AYLING, TERRY
STREET ADDRESS 1776 LAKE WORTH RD., #201
CITY - ST - ZIP LAKE WORTH FL

1.1 TITLE D
1.2 NAME AYLING, TERRY
1.3 STREET ADDRESS 1776 LAKE WORTH RD #101
1.4 CITY - ST - ZIP LAKE WORTH, FL. 33460-3692

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97

Date

561-540-4465

Daytime Phone #

CR2E034 (9/96)