

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-21-2002 91177 028 ***150.00

DOCUMENT # Pg5000072921

1. Entity Name

PREMIER DIABETIC SERVICES, INC.

Principal Place of Business	Mailing Address
 1776 LAKE WORTH RD. 101 LAKE WORTH FL 33460-3632 US 	 1776 LAKE WORTH RD. 101 LAKE WORTH FL 33460 US

2. Principal Place of Business P.O. Box 5899	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH FL		City & State FL	
Zip 33466	Country USA	Zip	Country

4. FEI Number	65-0608932	Applied For	
		Not Applicable	

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

77765	55	
6. Name and Address of Current Registered Agent		

AYLING, TERRY
1778 LAKE WORTH RD.
201
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent -

Name FRANK ~~FRANK~~ ARMANDY CORREIA

Street Address (P.O. Box Number is Not Acceptable)
3275 W. HINSHAW BLVD
STE 207

City DEERFIELD BEACH FL Zip Code 33442

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

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D AYLING, TERRY 1778 LAKE WORTH RD. #101 LAKE WORTH FL	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Q&A

Davey's Phone #

CB2E034 (9/01)