

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082732

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** AMERICAN DIABETIC SUPPLY, INC.

**Current Principal Place of Business:**

400 S. ATLANTIC AVE.  
STE 108  
ORMOND BCH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 S. ATLANTIC AVE.  
STE 108  
ORMOND BCH, FL 32176 US

**New Mailing Address:**

**FEI Number:** 59-3342460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HELLE, JANET  
400 S. ATLANTIC AVE.  
SUITE 108  
ORMOND BEACH, FL 32176 US

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

HELLE, JANET  
136 RIVERSIDE DR  
ORMOND BEACH, FL 32176 US

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:

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HELLE, JANET  
Address: 136 RIVERSIDE DR  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D  
Name: HELLE, RANDALL  
Address: 400 SOUTH ATLANTIC AVE  
City-St-Zip: ORMOND BEACH, FL 32176

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: JANET HELLE

MGRM

01/04/2012

Electronic Signature of Signing Officer or Director

Date