

P95000082732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

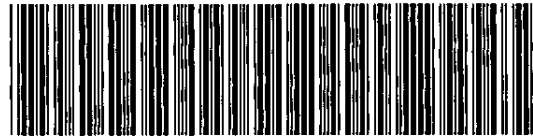
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AMERICAN DIABETIC SUPPLY, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P95000082732

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RANDALL HELLE

Name of Contact Person

AMERICAN DIABETIC SUPPLY, INC.

Firm/Company

400 SOUTH ATLANTIC AVE, SUITE 108

Address

ORMOND BEACH FL 32176

City/State and Zip Code

ADS1@CFL.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDALL HELLE

Name of Contact Person

at ( 386 ) 677-1002

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMERICAN DIABETIC SUPPLY, INC.
2. The principal office address: 400 SOUTH ATLANTIC AVENUE, SUITE 108  
ORMOND BEACH, FL 32176
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/27/1995 Document number: P95000082732
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Janet Helle (resigned)

136 Riverside Drive

Ormond Beach, FL 32176

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Randall Helle

400 South Atlantic Avenue, Suite 108

P.O. Box NOT acceptable

Ormond Beach, FL 32176

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TALLAHASSEE, FLORIDA  
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Randall Helle  
Signature of an officer or director

Randall Helle, President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Randall Helle  
Signature of Registered Agent

9/27/12

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)



**American  
MedCare Supply**  
A Subsidiary of American Diabetic Supply, Inc.

400 South Atlantic Ave. #108 Ormond Beach, FL 32176

Toll-free Phone 1.800.453.9033 Toll-free Fax 1.800.524.3808



September 27, 2012

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: American Diabetic Supply, Inc.  
P95000082732

To Whom It May Concern:


Enclosed please find two documents with associated payments of \$35.00 each to amend the following for the above referenced company/document number.

1. Statement of Change of Registered Office/Agent (CR2E045): required cover letter, completed signed document and a copy of the tendered resignation of the current registered agent. Payment, our check number 14139.
2. Officer/Director Resignation for a Corporation (CR2E044) – required cover letter, a copy of the notarized statement of the tendered resignation of the director that has resigned. Payment, our check number 14140.

If you have any questions, or require additional information pertaining to these amendments, please contact Randall Helle, President of American Diabetic Supply, Inc., at 386-677-1002.

In advance, we thank you for your processing these two documents for us.

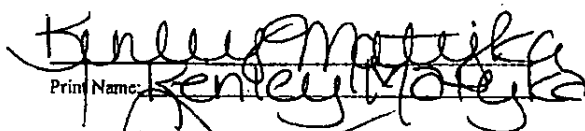
Sincerely,  
AMERICAN MEDCARE SUPPLY

  
ROBERTA A. VOISEY-NEITZEL  
Claims Administrator

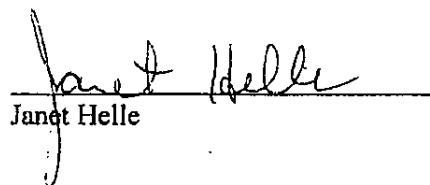
**AMERICAN DIABETIC SUPPLY, INC.**  
**RESIGNATION AS DIRECTOR AND REGISTERED AGENT**

I, Janet Helle, as Director and Registered Agent of American Diabetic Supply, Inc. hereby tender my resignation as Director and Registered Agent, effective this 24<sup>th</sup> day of September, 2012.

WITNESSES:

  
Print Name: Kenley Matika

Print Name: \_\_\_\_\_

  
Janet Helle

STATE OF FLORIDA  
COUNTY OF VOLUSIA

On this 24<sup>th</sup> day of September, 2012, before me, a Notary Public duly authorized to take oaths and acknowledgments in the County and State aforesaid, personally appeared Janet Helle, ☒ who is personally known to me or ☐ who produced Florida Driver's License as identification and known to me to be the same person described in and who executed the foregoing instrument and acknowledged the same as her free and voluntary act and deed.

  
Notary Public  
(SEAL)

