

1204 HAYS STREET  
TALLAHASSEE, FL 32301  
(904) 222-9171  
(904) 222-0393

800-342-8086



**networks**  
PRINTED MAIL  
REGISTRATION SERVICES

RECEIVED  
JAN - 2 PM 3:09  
DIVISION OF CORPORATION

ACCOUNT NO. : 072100000032

REFERENCE : 784184 170345A

AUTHORIZATION :

*Patricia Pyzdek*

COST LIMIT : \$ 70.00

ORDER DATE : December 27, 1995

ORDER TIME : 1:36 PM

ORDER NO. : 784184

CUSTOMER NO: 170345A

200001675992

CUSTOMER: Mr. Richard Shirey  
MR. RICHARD SHIREY

Route 7, Box 477

Live Oak, FL 32060

DOMESTIC FILING

NAME: DIABETIC SUPPLY, INC.

FILED  
96 JAN - 2 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ANDREA MABRY

EXAMINER'S INITIALS: T. BROWN JAN - 3 1996

ARTICLES OF INCORPORATION  
OF  
DIABETIC SUPPLY, INC.

FILED  
96 JAN -2 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

DIABETIC SUPPLY, INC.

The address of the principal office of this corporation shall be Route 7, Box 477, Live Oak, Florida 32060, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock having no par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Richard Shirey  
Dir.

Route 7, Box 477  
Live Oak, Florida 32060

Patricia Shirey  
Dir.


Same

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:


Corporate Agents, Inc.  
1201 Hays Street  
Tallahassee, Florida 32301

The undersigned incorporator has executed these Articles of Incorporation on January 2, 1996.

  
\_\_\_\_\_  
Its Agent, Gail Shelby  
Incorporator

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Delaware corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

By:   
\_\_\_\_\_  
Its Agent, Gail Shelby  
Authorized Service Representative  
Corporation Service Company

ACG

P9600000615

**DIABETIC SUPPLY, INC.**

P. O. Box 6127  
Live Oak, Florida 32060

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 000002234960--9  
-07/10/97--01056--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
97 AUG -5 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

*[Signature]* 8/5

Florida Department of State, Sandra B. Mortham, Secretary of State

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Diabetic Supply, Inc.
2. The mailing address of the corporation is: 7853 133rd Rd., P.O. Box 6127, Live Oak, FL 32064
3. Date of incorporation/qualification: 1/2/96 Document number: P9600000615
4. The name and address of the current registered agent and office:

Corporation Service Co.  
1211 Hayes St.  
Tallahassee, FL 32301

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

PATRICIA SHIREY  
7853 133rd Rd.  
Live Oak, FL 32060

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.

Patricia Shirey 7/1/97  
(Signature of an officer, chairman or vice chairman of the board) (Date)

Patricia Shirey Vice-President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Patricia Shirey  
(Signature of Registered Agent)

7/1/97  
(Date)

If signing on behalf of an entity:

PATRICIA SHIREY  
Diabetic Supply, Inc.  
(Typed or Printed Name)

vice President  
(Capacity)



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

July 15, 1997

**DIABETIC SUPPLY, INC.**  
P.O. BOX 6127  
LIVE OAK, FL 32060

**SUBJECT: DIABETIC SUPPLY, INC.**  
Ref. Number: P96000000615

We have received your document for DIABETIC SUPPLY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown  
Corporate Specialist

Letter Number: 697A00036112