

DOCUMENT # P96000006556
1. Entity Name
NATIONAL DIABETIC ASSISTANCE CORP.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90023 004 ***150.00

Principal Place of Business Mailing Address
11402 WEST SAMPLE RD. 11402 WEST SAMPLE RD.
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0634617 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
FERLISE, PERRY
11402 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD FERLISE, PERRY 11402 WEST SAMPLE RD. CORAL SPRINGS FL 33065
D SCHINDLER, BRUCE 11402 WEST SAMPLE RD. CORAL SPRINGS FL 33065
D MILLER, ZACK 11402 WEST SAMPLE RD. CORAL SPRINGS FL 33065
CD ROTHWEIN, STEVEN 11402 WEST SAMPLE RD. CORAL SPRINGS FL 33065
VD LITWACK, MORTON J 11402 WEST SAMPLE RD. CORAL SPRINGS FL 33065

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

13. I 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 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] Director 3 Jan 01 954-757-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)