

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000019516**

1. Entity Name  
**COMPLETE DIABETIC SYSTEMS, INC.**



Principal Place of Business  
**18067 AVONSDALE CIRCLE  
PORT CHARLOTTE, FL 33948 US**

Mailing Address  
**18067 AVONSDALE CIRCLE  
PORT CHARLOTTE, FL 33948 US**

**DO NOT WRITE IN THIS SPACE**



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0647255**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PRIOR, CAROL  
18067 AVONSDALE CIRCLE  
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
PRIOR, CAROL  
18067 AVONSDALE CIRCLE  
PORT CHARLOTTE, FL 33948**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
PRIOR, PETER  
18067 AVONSDALE CIRCLE  
PORT CHARLOTTE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
ENTWISTLE, JOSEPH  
18235 AVONSDALE CIR  
PORT CHARLOTTE, FL 33948**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000032734  
02/05/04-80014-022 158.75

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with a power of attorney.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/04 1-941-629-3425**  
Date Daytime Phone #