2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# P96000019516

Entity Name: COMPLETE DIABETIC SYSTEMS, INC.

Current Principal Place of Business:

18067 AVONSDALE CIRCLE
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

18067 AVONSDALE CIRCLE
PORT CHARLOTTE, FL 33948-950 US

Current Mailing Address:

18067 AVONSDALE CIRCLE
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

18067 AVONSDALE CIRCLE
PORT CHARLOTTE, FL 33948-950 US

FEI Number: 65-0647255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: CAROL PRIOR
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PRIOR, CAROL
Address: 18067 AVONSDALE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: V ( ) Delete
Name: PRIOR, PETER
Address: 18067 AVONSDALE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL

Title: ST ( ) Delete
Name: ENTWISTLE, JOSEPH
Address: 18235 AVONSDALE CIR
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: PRIOR, PETER
Address: 18067 AVONSDALE CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: ST (X) Change ( ) Addition
Name: ENTWISTLE, JOSEPH
Address: 18235 AVONSDALE CIR
City-St-Zip: PORT CHARLOTTE, FL 33948 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROL PRIOR PRES 10/21/2009
Electronic Signature of Signing Officer or Director Date