

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000044539 (0)**

1. Corporation Name

DIABETIC CARE SERVICES OF MARTIN COUNTY INC.

Principal Place of Business

Mailing Address

P.O. BOX 4462
N. FT. MYERS FL 33918-4462

P.O. BOX 4462
N. FT. MYERS FL 33918-4462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0667039	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	Country	28 Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNHART, ROBERT E
7730 HART DR. NE
N. FT. MYERS FL 33917

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **ROBERT E. BARNHART**

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

Robert E. Barnhart

(NOTE: Registered Agent signature required when reinstating)

3-24-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	BARNHART, SR., ROBERT E	1.2 NAME	
STREET ADDRESS	7730 HART DRIVE N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33917-2442	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	BARNHART, JR., ROBERT E	2.2 NAME	
STREET ADDRESS	7730 HART DRIVE N.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33917-2442	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	BARNHART, JEAN E	3.2 NAME	
STREET ADDRESS	7730 HART DRIVE N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33917-2442	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert E. Barnhart

3-24-98 941.543-7053

CR2E034 (10/97)