2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P96000053234** DIABETES INFORMATION AND SUPPLY CENTER. INC. 04-12-2000 90187 017 ***150.00 Mailing Address Principal Place of Business 336 S.E. 15TH AVE. 336 S.E. 15TH AVE. DEERFIELD BEACH FL 33441-4433 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0676829 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITE. RUSSELL A ESQ. Street Address (P.O. Box Number is Not Acceptable) 1401 EAST BROWARD BOULEVARD SUITE 300 FORT LAUDERDALE FL 33301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition D Delete TITLE NAME FELD, DOROTHY NAME STREET ADDRESS 1537 E HILLSBORO BLVD APT 741 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIERD BCH FL 33441 ☐ Change ☐ Addition ☐ Delete TITLE TITLE FELD, RICHARD NAME STREET ADDRESS STREET ADDRESS 2838 ABBEY MANOR CIR CITY-ST-ZIP CITY-ST-ZIP BROOKEVILLE MD.20833 ~ Change ☐ Addition ☐ Delete TITLE FELD, JEFFREY NAME FELD. JEFFREY NAME 1413 Kelso Blvd. STREET ADDRESS STREET ADDRESS 8755 SUMMERVILLE PLACE Windermere, Florida 34786 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition TITLE ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Dorothy Feld Llow SIGNATURE AND TYPED OR PRINTED NAME OF

(954) 421-1504

Daytime Phone #