**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P96000053234 1. Entity Name DIABETES INFORMATION AND SUPPLY CENTER, INC. 04-06-2001 90060 010 \*\*\*150.00 Principal Place of Business Mailing Address 336 S.E. 15TH AVE. 336 S.E. 15TH AVE. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address 318 SE 15th Ave. 318 SE 15th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0676829 Deerfield Bch, F1 33441 Deerfield Beach F1 33441 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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** 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE FELD. DOROTHY NAME NAME 1537 E HILLSBORO BLVD APT 741 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST, ZIP DEERFIERD BCH FL 33441 ☐ Change ☐ Addition ☐ Delete TITLE TITLE FELD, RICHARD NAME NAME 2838 ABBEY MANOR CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKEVILLE MD 20833 ☐ Delete TITLE ☐ Change Addition TITLE FELD, JEFFREY NAME .... NAME STREET ADDRESS 1413 KELSO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 Dir, VP & Asst Sec. ☐ Change Addition TITLE ☐ Delete TITLE FELD, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1537 E. Hillsboro Blvd. #741 CITY-ST-ZIP CITY-ST-ZIP Deerfield Beach, FL 33441 TITLE ☐ Delete TITLE ☐ Chan ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

954-421-1504