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

**CCRPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000073404.

DIABETIC SUPPLY SERVICES OF P. C., INC.

Principal Place of Business

Mailing Address

1252 S.W. 28th. Street 1252 S.W. 28th. St. 3. Date Incorporated or Qualified 3a. Date of Last Report Palm City, F1. 34990 Palm City, F1. 34990 <u> August 30, 1996</u> August 30. 2. Principal Paide of Bushess 2a. Mailing Address Applied For 1252 S. W. 28th. St. 65-0698571 1252 S.W. 28th. St. Not Applicable Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be PALM CITY. PALM CITY Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, MARTIN 34990 34990 MARTIN Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RONALD J. YANICK
Street Address (P.O. Box Number is Not Acceptable) RONALD J. YANICK 82 1252 S.W. 28th. Street 1252 S.W. 28th. STREET 63 PALM CITY, FL. 34990 84 Zip Code PALM CITY 34990

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. RONALD J. YANICK 4/28/97 (NOTE: Registered Agent signature required wi OFFICERS AND DIRECTORS 13.

hi:f	PRES.	DELETE	1.3 TITLE	Change Addition
NAME	RONALD J. YANICK		1.2 NAME	•
518(1 ) A06(6) 85	1252 S.W. 28th. St.		1.3 STREET ADDRESS	
00Y-51-70:	PALM CITY, FL. 34990		1.4 CITY - ST - ZIP	
1 11.0		DELETE	21 TITLE	Change Addition
IMME			2.2 NAME	
SPREED ADDRESS			23 STREET ADDRESS	
C4Y \$1 70			2 4 CiTY-ST-ZIP	
1 ILE		DELETE	31 TITLE	Change Addition
NAM			32 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
C 18 - 91 - 7 5			3.4 CITY-ST-ZIP	
Filti		DELETE	4.1 TITLE	Change Addition
NOV-			4. 2 NAME	
STRIFT ADDR-19			4.3 STREET ADDRESS	
CP 50-70			4.4 CITY - ST - ZIP	
li'ti		☐ DELETE :	5.1 TITLE	Change
MAME			5.2 NAME	1h-11/0-
SHEEF ADDRESS.			5.3 STREET ADDRESS	94/5/ <i>6/57</i>
0Hr 81 70			5.4 CITY-ST-ZIP	1117417
T 1(F		DELETE.	6.1 TITLE	Change . Addition
NAME			6.2 NAME	900002179599 -0\$/15/9701028035
SIRCLATON C.			6.3 STREET ADDRESS	-05/15/9701028035
003 St 19		1	64 CITY-SI-ZIP	***165 <b>.00</b>

14. I do not easy coolly that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated 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 have an officer or director of the corporation or the receiver or trusteg 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:

RONALD J. YANICK

**FILED** 

May 06 1997 8:00am

Secretary of State