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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P9700009895**1. Corporation Name

NATIONAL DIABETIC MEDICAL SERVICES, INC.

Principal Place of Business Ma
1814 N UNIVERSITY DR 181
MERCEDE EXECUTIVE PLAZA MEI
PLANTATION FL 33322 PLA

Mailing Address

1814 N. UNIVERSITY DR
MERCEDE EXECUTIVE PL

## FILED Jan 25, 1999 8:00am Secretary of State

01-25-1999 90047 045 \*\*\*150.00



MERCEDE EXECUTIVE PLAZA PLANTATION FL 33322 US		MERCEDE EXECUTIVE PLAZA PLANTATION FL 33322 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
	•					01/31/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number	App	olied For	3.
21		26				65-0694135	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 A		5
22		27				5. Certificate of Status Desired	Fee Rec	quired	<u></u>
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23						Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intains	jible		
24	25	29	30				Yes I	□No	]
1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag	ent		1
	2 mg			81 N	ame				
LEVINE, MICHAEL ESQ.				82 S	troot Add	Iress (P.O. Box Number is Not Acceptable)			1
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SUITE 501				83		13.14.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	17383	(D) (E) (M)	
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				84 C	ity	FI	85 Zip C	ode	
44 District	to the provisions of Sections 607 0502	2 and 607 1508. Florida State	ites the a	bove-na	amed con	poration submits this statement for the purpose of ch	anging its r	registered	l
office of r	egistered agent, or both, in the State of medical familiar with, and accept the obligation	of Florida. Such change was	authorized	by the	corporat	ion's board of directors. I hereby accept the appointing	ient as reg	jistered	
SIGNATURE		1 · •						,	j
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NO	TE: Registered	1 Agent sign	nature requir	ed when reinstating) • DATE			<u>وَ</u>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND			\$
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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 except 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; with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime F