

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

FILED
May 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 # **P97000052182 (7)**

1. Corporation Name

DIABETES PLUS, INC.



Principal Place of Business

Mailing Address

**14630 BULL RAM RD. SUITE 113
MIAMI LAKES FL 33014**

**14630 BULL RAM RD. SUITE 113
MIAMI LAKES FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year intangible/
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **14630 Bull Run Rd**

Suite, Apt. #, etc.

22 **113**

City & State

23 **Miami Lakes FL**

Zip

24 **33014**

Country

25 **Miami Dade**

2a. Mailing Address

26 **Bull Run Rd Suite 113**

Suite, Apt. #, etc.

27 **113**

City & State

28 **Miami Lakes FL**

Zip

29 **33014**

Country

30 **Miami Dade**

9. Name and Address of Current Registered Agent

**JACOBS, MARGARITA
14630 BULL RAM RD, SUITE 113
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **JACOBS, MARGARITA**
STREET ADDRESS **14630 BULL RAM RD, SUITE 113**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE **MD** ☐ DELETE
NAME **MUSIET, ONICA**
STREET ADDRESS **14711 SW 150TH ST**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

M. Jacobs

MD

06/22/98

CR2E034 (10/97)