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**May 01 1998 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052591 (9)

1. Corporation Name
AMERICAN DIABETES SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3605 SOUTH OCEAN BLVD. #137A SOUTH PALM BEACH FL 33480**
Mailing Address: **3605 SOUTH OCEAN BLVD. #137A SOUTH PALM BEACH FL 33480**

2. Principal Place of Business
21 **1040 SALMON ISLE**

2a. Mailing Address

26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
GREENACRES FL

28 City & State

24 Zip
33413

25 Country
FLORIDA

29 Zip

30 Country

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

650761612

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

9. Name and Address of Current Registered Agent

**STEPANIAN, TARJA
3605 SOUTH OCEAN BLVD. #137A
SOUTH PALM BEACH FL 33480**

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 **TARJA STEPANIAN**

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

(Not a Registered Agent signature required when reinstating)

04/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** DELETE
NAME **TARJA STEPANIAN**
STREET ADDRESS **3605 S. OCEAN BLVD. #137 A**
CITY-ST-ZIP **S. PALM BEACH, FL 33480**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **JOEL WESTERMARCK** Change Addition
1.2 NAME **1040 SALMON ISLE**
1.3 STREET ADDRESS **GREENACRES, FL 33413** **DIRECTOR & VICE PRESIDENT**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
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

CR2E034 (10/97)

14-26-98 (561) 684-2923