

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90307 009 \*\*\*150.00

**DOCUMENT # P97000052591**

1. Entity Name

**AMERICAN DIABETES SERVICES, INC.**

Principal Place of Business

Mailing Address

1040 SALMON ISLE  
 GREEN ACRES FL 33413  
 US

1040 SALMON ISLE  
 GREEN ACRES FL 33413-3018  
 US

2. Principal Place of Business

3. Mailing Address

**42 SW 15th AVENUE** Suite, Apt. #, etc.

**42 SW 15th AVENUE** Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON, FL**

City & State

**BOCA RATON FL**

4. FEI Number

**65-0761612**

Applied For

Not Applicable

Zip

Country

**33486**

**US**

Zip

Country

**33486**

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESTERMARCK, JOEL**  
**1040 SALMON ISLE**  
**GREEN ACRES FL 33413**

Name

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

City

**FL**

Zip Code

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

*[Handwritten Signature]* **JOEL WESTERMARCK** **1/6/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WESTERMARCK, JOEL</b>	NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>1040 SALMON ISLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GREENACRES FL 33413</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Vice President ANDREW F. THOMAS</b>
STREET ADDRESS		STREET ADDRESS	<b>42 SW 15th AVENUE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**JOEL WESTERMARCK**

**01/06/2000 (SRI) 4163094**  
 Date Daytime Phone #

CR2E034 (9/99)