

P97000052591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

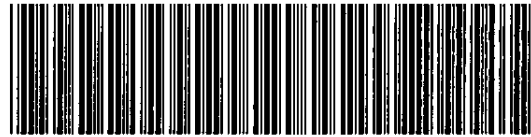
(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:  
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RA to [signature]

FILED  
11 DEC 16 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11-11-2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2011

JEFF SINK  
AMERICAN DIABETES SERVICES  
951 BROKEN SOUND PKWY STE 250  
BOCA RATON, FL 33487

SUBJECT: AMERICAN DIABETES SERVICES, INC.  
Ref. Number: P97000052591

We have received your document for AMERICAN DIABETES SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The signature of the registered agent has been cut off your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 511A00027581

RECEIVED  
11 DEC 19 AM 8:51  
TALLAHASSEE, FLORIDA  
*Document Attached*

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Diabetes Services, Inc. <sup>AS</sup>  
Name of Corporation

**DOCUMENT NUMBER:** P97000052591

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Jeff Sink  
Name of Contact Person

American Diabetes Services, Inc.  
Firm/Company

951 Broken Sound Pkwy Suite 250  
Address

Boca Raton, FL 33487  
City/State and Zip Code

jsink@americandiabetes.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Sink at ( 561 ) 237-0007  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Diabetes Services, Inc.
2. The principal office address: 951 Broken Sound Pkwy NW Ste 250  
Boca Raton FL 33487-3506
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/13/1997 Document number: P97000052591
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert S Weinroth ESQ  
951 Broken Sound Pkwy NW Ste 250  
Boca Raton, FL 33487-3539

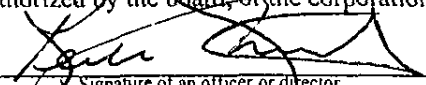
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jeff Sink  
951 Broken Sound Pkwy NW Ste 250  
P.O. Box NOT acceptable  
Boca Raton, FL 33487-3539

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TALLAHASSEE FLORIDA


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Keith Stuckert CEO  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

12/01/2011  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Jeffrey S. Sink  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314