

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

FILED
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
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DOCUMENT # P 97 0000 88575

1. Corporation Name

Diabetes. p R n , inc

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10-13-97	
21 2402 Cleveland St.	22 Suite, Apt. #, etc.	26 2402 Cleveland St.	27 Suite, Apt. #, etc.	4. FEI Number	☒ Applied For ☐ Not Applicable
23 Tampa, FL	24 Zip 33609	28 Tampa, FL	29 Zip 33609	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
25 USA	26 Country	30 USA	31 Country	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

B. John Ovink
2402 Cleveland St.
Tampa FL 33609

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 of person making statement (Typed name and address of the person making statement)

(Not Required) Registered Agent's signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	Erancine S. LAVENT
STREET ADDRESS		1.3 STREET ADDRESS	2402 Cleveland St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tampa FL 33609
TITLE	☐ DELETE	2.1 TITLE	B. John OVINK
NAME		2.2 NAME	2402 Cleveland St.
STREET ADDRESS		2.3 STREET ADDRESS	Tampa FL 33609
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. I changed, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. John Ovink

Secretary

Date

4/27/98

Daytime Phone

(813) 254-2209

CR2E034 (10/97)