

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057674

1. Entity Name

SPANISH RIVER DIABETIC SUPPLY, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90058 049 ***150.00

Principal Place of Business 17104 GULF PINE CIRCLE WELLINGTON FL 33414	Mailing Address 17104 GULF PINE CIRCLE WELLINGTON FL 33414-6357
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3575 23 AVE S Suite, Apt. #, etc. 101	3. Mailing Address SAME Suite, Apt. #, etc.
City & State LAKE WORTH FL	City & State

4. FEI Number 65-0846912	Applied For <input type="checkbox"/> Not Applicable
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Zip 33461	Country USA PALM BCH	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANTIA, ANNETTE C 17104 GULF PINE CIRCLE WELLINGTON FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 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: ANNETTE C. MANTIA ANNETTE C. MANTIA Date: 5-1-2000 Daytime Phone #: 561-570-6276

CR2E034 (9/99)