

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057674

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: SPANISH RIVER DIABETIC SUPPLY, INC.

## Current Principal Place of Business:

11360 FORTUNE CIRCLE  
BLDG E 1  
WELLINGTON, FL 33414 US

## New Principal Place of Business:

4215 QUILL CIRCLE  
LAKE WORTH, FL 33467 US

## Current Mailing Address:

4215 QUILL CIRCLE  
WELLINGTON, FL 33467 US

## New Mailing Address:

4215 QUILL CIRCLE  
LAKE WORTH, FL 33467 US

FEI Number: 65-0846912

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANTIA, ANNETTE C  
11886 OSPREY PT CIRCLE  
WELLINGTON, FL 33467 US

## Name and Address of New Registered Agent:

MANTIA, ANNETTE C  
4215 QUILL CIRCLE  
LAKE WORTH, FL 33467 US

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: \_\_\_\_\_

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MANTIA, ANNETTE C  
Address: 11886 OSPREY POINT CIRCLE  
City-St-Zip: WELLINGTON, FL 33467

Title: P ( ) Delete  
Name: MANTIA, ANNETTE C  
Address: 4215 QUILL CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MANTIA, ANNETTE C  
Address: 4215 QUILL CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE C. MANTIA

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date