

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000081264

FILED
Feb 22, 2011
Secretary of State

Entity Name: DIABETIC HEALTH AGENCY, INC.

Current Principal Place of Business:

11330 SE FED. HWY
HOBE SOUND, FL 33455 US

New Principal Place of Business:

150 N US HWY 1
STE22A
TEQUESTA, FL 33469 US

Current Mailing Address:

11330 SE FED. HWY
HOBE SOUND, FL 33455 US

New Mailing Address:

PO BOX 3329
TEQUESTA, FL 33469 US

FEI Number: 45-0451584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, COLIN
11330 SE FED. HWY
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

CAMPBELL, COLIN
150 N US HWY 1
STE22A
TEQUESTA, FL 33469 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: COLIN CAMPBELL

02/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CAMPBELL, COLIN
Address: 12 PINETREE CIRCLE
City-St-Zip: TEQUESTA, FL 33469

Title: T
Name: PITCHFORD, SCOTT
Address: 31 SADDLEBACK RD
City-St-Zip: TEQUESTA, FL 33469

Title: S
Name: WILLIAMS, PAUL
Address: 15354 115TH AVE NORTH
City-St-Zip: JUPITER, FL 33478

I hereby 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 all other like empowered.

SIGNATURE: COLIN CAMPBELL

P

02/22/2011

Electronic Signature of Signing Officer or Director

Date