2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012335

Entity Name: DIABETES CARE AND TREATMENT, INC.

FILED Jul 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7344 SW 48TH ST., #102 MIAMI, FL 33155 **Current Mailing Address: New Mailing Address:** 7344 SW 48TH ST., #102 MIAMI, FL 33155 FEI Number: 65-0894633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GREENBERG, JEFFREY M 10830 SW 113 PLACE MIAMI, FL 33176 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition TAMAYO, IGNACIO TAMAYO, CARLA Name: Name: 7344 SOUTH WEST 48TH STREET 7344 SOUTH WEST 48TH STREET, #102 Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 Title: Title: () Delete () Change () Addition GREENBERG, JEFFREY M Name: Name: 10830 SW 113 PLACE Address: Address: MIAMI, FL 33176 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HARRISON, NIGEL Name: Name: 33 MEADOW ST. Address: Address: City-St-Zip: SAG HARBOR, NY 11963 City-St-Zip: Title: (X) Delete Title: () Change () Addition REED, TIMOTHY Name: Name: Address: 3147 PEACHTREE WAY Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: Title: (X) Delete Title: () Change () Addition GARCIA, DR. MARIANO Name: Name: 1110 BRICKELL AVE., #402 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: (X) Delete Title: () Change () Addition DESIMONE, RICH Name: Name: 100 PHILLIPS PKWY. Address: Address: City-St-Zip: City-St-Zip: MONTVALE, NJ 07645

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: CARLA TAMAYO VP 07/01/2004