

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90023 037 ***158.75

DOCUMENT # P99000012335

1. Entity Name
DIABETES CARE AND TREATMENT, INC.



Principal Place of Business
**7344 SW 48TH ST., #102
MIAMI, FL 33155**

Mailing Address
**7344 SW 48TH ST., #102
MIAMI, FL 33155**

400000003



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0894633

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GREENBERG, JEFFREY M
10830 SW 113 PLACE
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name **Carla Tamayo**

Street Address (P.O. Box Number is Not Acceptable)
7344 SW 48 St.

#102

City **MIAMI**

FL

Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carla Tamayo

Carla Tamayo

1/3/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **O** ☐ Delete
NAME **TAMAYO, CARLA**
STREET ADDRESS **7344 SOUTH WEST 48TH STREET, #102**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☒ Delete
NAME **GREENBERG, JEFFREY M**
STREET ADDRESS **10830 SW 113 PLACE**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **D** ☒ Delete
NAME **HARRISON, NIGEL**
STREET ADDRESS **33 MEADOW ST.**
CITY-ST-ZIP **SAG HARBOR, NY 11963**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Nalin Parikh**
STREET ADDRESS **7344 SW 48 St, #102**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☒ Addition
NAME **Mrudula Parikh**
STREET ADDRESS **7344 SW 48 St, #102**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carla Tamayo

Carla Tamayo

1/3/05

305-6637068