

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 036 ***150.00

DOCUMENT # P99000012335

1. Entity Name

DIABETES CARE AND TREATMENT, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7344 SW 48TH STREET

Suite, Apt. #, etc.
#102

City & State
MIAMI, FLORIDA

Zip
33155

Country
USA

3. Mailing Address
7344 SW 48TH STREET

Suite, Apt. #, etc.
#102

City & State
MIAMI, FLORIDA

Zip
33155

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0894633

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JEFFREY M. GREENBERG

Street Address (P.O. Box Number is Not Acceptable)

10830 SW 113 PLACE

City MIAMI

FL

Zip Code
33176

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR IGNACIO TAMAYO 7344 SW 48 ST, #102, MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR JEFFREY M. GREENBERG 10830 SW 113 PLACE, MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR NIGEL HARRISON 33 MEADOW ST, SAG HARBOR, NY 11963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR TIMOTHY REED 3147 PEACHTREE WAY, DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR DR. MARIANO GARCIA 1110 BRICKELL AVE, #402, MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR RICH DESIMONE, 100 PHILLIPS PARKWAY MONTVALE, NY 07645

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

80061770

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ADDITONAL OFFICERS & DIRECTORS

10.

DIRECTOR

LARRY SCHIMMEL

8080 WEST FLAGLER STREET, #2B

MIAMI, FLORIDA 33144