

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076276

Entity Name: LIFE CARE DIABETIC SUPPLIES, INC.

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

840 JUPITER PARK DR, SUITE 101
JUPITER, FL 33458

New Principal Place of Business:

840 JUPITER PARK DRIVE
SUITES 101 AND 106
JUPITER, FL 33458

Current Mailing Address:

PO BOX 641
JUPITER, FL 33468

New Mailing Address:

FEI Number: 65-0943447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBY, BIBY D
840 JUPITER PARK DR, SUITE 101
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

JACOBY, BIBY D
840 JUPITER PARK DRIVE
SUITES 101 AND 106
JUPITER, FL 33458 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: BIBY D. JACOBY

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBY, BIBY D
Address: 840 JUPITER PARK DR, SUITE 101
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JACOBY, BIBY D
Address: 840 JUPITER PARK DR, SUITES 101 & 106
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BIBY D. JACOBY

PRES

01/13/2006

Electronic Signature of Signing Officer or Director

Date