

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000076276

**FILED**  
**Dec 02, 2011**  
**Secretary of State**

**Entity Name:** LIFE CARE DIABETIC SUPPLIES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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 DRIVE  
SUITES 101 AND 106  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

Title: OPER  
Name: WOODARD, JOLIE Y  
Address: 840 JUPITER PARK DR, SUITES 101 & 106  
City-St-Zip: JUPITER, FL 33458

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: BIBY D. JACOBY

PRES

12/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date