

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080541

1. Entity Name

DIABETES WELLNESS SOLUTIONS, P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90034 050 ***150.00

Principal Place of Business

882 WOODBINE DRIVE
MERRITT ISLAND FL 32952

Mailing Address

882 WOODBINE DRIVE
MERRITT ISLAND FL 32952-4147

2. Principal Place of Business

310 Brunson Blvd

Suite, Apt. #, etc.

Suite 109

City & State

Cocoa, Florida

Zip

32922

Country

3. Mailing Address

310 Brunson Blvd

Suite, Apt. #, etc.

Suite 109

City & State

Cocoa, Florida

Zip

32922

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3599214

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLATTER, SUSAN M
882 WOODBINE DRIVE
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Susan M. Glatter

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

(NOTE: Registered Agent signature required when reinstating)

4/5/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GLATTER, SUSAN M
STREET ADDRESS 882 WOODBINE DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE VD ☐ Delete
NAME TURNER, GEORGEANNA L
STREET ADDRESS 750 MONDAY COURT
CITY-ST-ZIP COCOA FL 32952

TITLE STD ☐ Delete
NAME VARGO, SHARON GABRIEL
STREET ADDRESS 740 CAJEPUT CIRCLE
CITY-ST-ZIP WEST MELBOURNE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 Melbourne Village, FL 32941

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan M. Glatter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan M. Glatter, President 4/5/00 504-4000 (321)

Date

Daytime Phone #

CR2E034 (9/99)