

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080541

1. Entity Name
DIABETES WELLNESS SOLUTIONS, P.A.

Principal Place of Business

310 BRUNSON BLVD
STE 109
COCOA FL 32922

Mailing Address

310 BRUNSON BLVD
STE 109
COCOA FL 32922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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
NAME GLATTER, SUSAN M
STREET ADDRESS 882 WOODBINE DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☐ Delete

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

TITLE STD
NAME VARGO, SHARON GABRIEL
STREET ADDRESS 740 CAJEPUT CIRCLE
CITY-ST-ZIP MELBOURNE VILLAGE FL 32941 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE SD (Secretary)
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD (Treasurer)
NAME Kathy M. Courtney
STREET ADDRESS 219 Ellwood Ave
CITY-ST-ZIP Satellite Beach, FL 32937 ☐ Change ☒ Addition

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

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

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

Susan M. Glatter

3/20/01

504-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0079042

CR2E034 (10/00)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90070 009 ***150.00

735591



DO NOT WRITE IN THIS SPACE