

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000094347

FILED
Jan 19, 2004
Secretary of State

Entity Name: NIPRO DIABETES SYSTEMS, INC.

Current Principal Place of Business:

3150 N.W. 107 AVE.
MIAMI, FL 33172

New Principal Place of Business:

3321-3361 ENTERPRISE WAY
MIRAMAR, FL 33025

Current Mailing Address:

3150 N.W. 107 AVE.
MIAMI, FL 33172

New Mailing Address:

3801 COMMERCE PARKWAY
MIRAMAR, FL 33025

FEI Number: 65-0961093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANDELARIO, LUIS
3150 N.W. 107 AVE.
MIAMI, FL 33172 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANDELARIO, LUIS
Address: 7745 SW 122 STREET
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: WAKATSUKI, KAZUO
Address: 3150 N.W. 107 AVE.
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: RAMEY, KIRK
Address: 3150 N.W. 107 AVE.
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: MIYAZUMI, GOICHI
Address: 3150 N.W. 107 AVE.
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: ISHIDA, SEIYA
Address: 3150 N.W. 107 AVE.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ODOM, CLARENCE
Address: 3321-3361 ENTERPRISE WAY
City-St-Zip: MIRAMAR, FL 33025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARENCE ODOM III

GM

01/19/2004

Electronic Signature of Signing Officer or Director

Date