

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

1

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V03609

1. Corporation Name  
M.K. DIABETIC SUPPORT SERVICES, INC.

FILED  
99 JUL 27 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8400 BAY MEADOWS WAY  
#3  
JACKSONVILLE FL 32257  
US

Mailing Address  
8400 BAY MEADOWS WAY  
#3  
JACKSONVILLE FL 32257  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/02/1992

4. FEI Number  
59-3088994

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TROWBRIDGE, WARREN K	
STREET ADDRESS	10010 SKINNER LAKE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOGGS, MARK A	
STREET ADDRESS	505 WILLOW OAK LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Boogs, Mark A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	505 Willow Oak Ln	
1.4 CITY-ST-ZIP	Jacksonville 32259	
2.1 TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wayne Palladino	
2.3 STREET ADDRESS	11 Skyline Dr	
2.4 CITY-ST-ZIP	Hawthorne, NY 10532	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4/22/99 9047333525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

2



ACCOUNT NO. : 072100000032

REFERENCE : 320524 7184783

AUTHORIZATION :

COST LIMIT : \$ ~~450.00~~ 550.00

*Patricia Pizotti*

ORDER DATE : July 27, 1999

ORDER TIME : 1:46 PM

ORDER NO. : 320524-005

CUSTOMER NO: 7184783

CUSTOMER: Mark Boggs, President  
Transworld Healthcare  
8400 Baymeadows Road, Suite 3  
Jacksonville, FL 32256

RECEIVED  
99 JUL 30 11 10 53

ANNUAL REPORT FILING

NAME: M.K. DIABETIC SUPPORT SERVICES  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
99 JUL 27 PM 3:15  
RESUBMIT  
Please give original  
submission date of \_\_\_\_\_