

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V25037** (5)

1. Corporation Name

DIABETES SUPPORT SYSTEMS, INC.



Principal Place of Business

Mailing Address

**1868 N UNIVERSITY DR
STE 106
PLANTATION FL 33322
US**

**1868 N UNIVERSITY DR
STE 106
PLANTATION FL 33322
US**

3. Date Incorporated or Qualified
03/30/1992

3a. Date of Last Report
08/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

65-0327602

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DELATE, MARY LEE R.N.BSN
MERCEDE EXECUTIVE PARK
1814 N. UNIVERSITY DRIVE
PLANTATION FL 33322**

81 Name

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

1868 N. University Dr #106

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **DELATE, MARY L**
STREET ADDRESS **11920 NW 27TH ST**
CITY-ST-ZIP **PLANTATION FL**

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Dr. Jay Skyler**
1.3 STREET ADDRESS **1500 NW 12 Ave #1102E**
1.4 CITY-ST-ZIP **MIAMI FL 33136**

TITLE **V** ☒ DELETE
NAME **WATSON, THERESA**
STREET ADDRESS **9700 SW 15TH DR**
CITY-ST-ZIP **DAVIE FL**

2.1 TITLE **Mr Charles SIMMONS** ☐ Change ☒ Addition
2.2 NAME **Director**
2.3 STREET ADDRESS **3646 SW 57 Ave**
2.4 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **C** ☐ DELETE
NAME **WALLACE, MILTON J**
STREET ADDRESS **2222 PONCE DE LEON BLVD 303**
CITY-ST-ZIP **CORAL GABLES FL**

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Gary Mathias**
3.3 STREET ADDRESS **7724 Laurel Lane**
3.4 CITY-ST-ZIP **Portland FL**

TITLE **D** ☐ DELETE
NAME **MACNEIL, MALCOLM G**
STREET ADDRESS **9690 NW 41ST ST**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SHAPIRO, ARTHUR G**
STREET ADDRESS **524 ARTHUR GODFREY RD**
CITY-ST-ZIP **MIAMI BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

**(954)
452-0702**

Daytime Phone #

CR2E034 (12/95)