

NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V.25037 (S)  
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 AVE  
STE 106  
PLANTATION FL 33322  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1992

4. FEI Number

65-0327602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GREEN, RICHARD R.  
MERCEDE EXECUTIVE PARK  
1868 N UNIVERSITY DR #106  
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P  
GREEN, RICHARD R  
1868 N UNIVERSITY DR SUITE 106  
PLANTATION FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D  
DR. JAY SKYLER  
1500 NW 12TH AVE. #1012E  
MIAMI, FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

C  
WALLACE, MILTON J.  
2222 PONCE DE LEON BLVD 303  
CORAL GABLES, FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D  
MACNEIL, MALCOLM G.  
9690 NW 41ST ST.  
MIAMI, FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D  
SHAPIRO, ARTHUR G.  
524 ARTHUR GODFREY RD  
MIAMI BEACH, FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D  
CHARLES SIMMONS  
3646 SW 57TH AVE  
MIAMI, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002540970

-05/23/98--01067--038

\*\*\*150.00

Change ☐ Addition

PE  
5-28

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.