

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000052591

**FILED**  
**Feb 12, 2013**  
**Secretary of State**  
**CC7058456203**

**Entity Name:** AMERICAN DIABETES SERVICES, INC.

**Current Principal Place of Business:**

6560 W ROGERS CIRCLE  
SUITE 19  
BOCA RATON, FL 33487-3406

**Current Mailing Address:**

6560 W ROGERS CIRCLE  
SUITE 19  
BOCA RATON, FL 33487-3406 US

**FEI Number:** 65-0761612

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*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:** MARK RADZIK

02/12/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RADZIK, MARK A  
Address 6560 W ROGERS CIRCLE  
SUITE 19  
City-State-Zip: BOCA RATION FL 33487

Title DIRECTOR  
Name STUCKERT, KEITH  
Address 6560 W ROGERS CIRCLE  
SUITE 19  
City-State-Zip: BOCA RATION FL 33487

Title DIRECTOR  
Name BARTOS, JON  
Address 6560 W ROGERS CIRCLE  
SUITE 19  
City-State-Zip: BOCA RATION FL 33487

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARK RADZIK

DIRECTOR

02/12/2013

Electronic Signature of Signing Officer/Director Detail

Date