

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022623

**Entity Name:** VILLAGE DIABETIC SUPPLY, LLC.

**Current Principal Place of Business:**

751 PARK OF COMMERCE DRIVE  
SUITE 126  
BOCA RATON, FL 33487-3622

**Current Mailing Address:**

751 PARK OF COMMERCE DRIVE  
SUITE 126  
BOCA RATON, FL 33487-3622 US

**FEI Number:** 30-0481108

**Certificate of Status Desired:** No

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

DICKSON, LAWRENCE A  
751 PARK OF COMMERCE DRIVE, SUITE 126  
BOCA RATON, FL 33487-3622 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	DICKSON, JANINE C	Name	JANSON, SILVIA J
Address	751 PARK OF COMMERCE DRIVE, SUITE 126	Address	751 PARK OF COMMERCE DRIVE, SUITE 126
City-State-Zip:	BOCA RATON FL 33487-3622	City-State-Zip:	BOCA RATON FL 33487-3622

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SILVIA J. JANSON

**DIRECTOR**

**03/22/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date