

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041500

Entity Name: DIABETES PROFESSIONALS, INC.

FILED  
Apr 26, 2004  
Secretary of State

**Current Principal Place of Business:**

901 NORTHPOINT PKWY STE 100  
W PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

901 NORTHPOINT PKWY STE 100  
W PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 56-2344963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COOKE, BRIAN J  
515 N FLAGLER DR STE 600  
W PALM BEACH, FL 33401 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAPIDUS, PAUL  
Address: 901 NORTHPOINT PKWY STE 100  
City-St-Zip: W PALM BEACH, FL 33407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL LAPIDUS

PRES

04/26/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date