

No. C 194170		Due no later than Mar 31, 2013		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. AM-MED DIABETIC SUPPLIES, INC. TREPHENE BROWN 5180 W ATLANTIC AVE STE 107 DELRAY BEACH FL 33484		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA	
				3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	KEITH ARONOFF	5180 W ATLANTIC AVE STE 107	DELRAY BEACH	FL	USA 33484
5. Organized Under the Laws of: FL C 194170		6. Annual Report must be signed.* Signature: Keith Aronoff Name (type or print): Keith Aronoff Date: 01/18/2013 Title: President			
Processed 01/18/2013		* Electronically provided signatures are accepted as original signatures.			