

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215513962				
1.) CORPORATION NAME: AM-MED DIABETIC SUPPLIES, INC.		DUE DATE: 4/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA		SCC ID NO: F1893124				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
4.) STATE OR COUNTRY OF INCORPORATION: FL						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5180 W ATLANTIC AVE STE 107 CITY/ST/ZIP: DELRAY BEACH, FL 33484						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: KEITH ARONOFF TITLE: PRESIDENT ADDRESS: 5180 W ATLANTIC AVE STE 107 CITY/ST/ZIP/CO: DELRAY BEACH, FL 33484	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: DAVID SOBLICK TITLE: VICE PRESIDENT ADDRESS: 5180 W ATLANTIC AVE STE 107 CITY/ST/ZIP/CO: DELRAY BEACH, VA 33484	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.						
/s/ DAVID SOBLICK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID SOBLICK, VICE PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE	4/13/2015 _____ DATE				
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.						