


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90246 048 ***150.00

| | | | |
|---|--|---|-----------------------------------|
| DOCUMENT # P00000045766 | |  | |
| 1. Entity Name C&M OSTOMY SUPPLIES, INC. | | | |
| Principal Place of Business 2712 ARBORWOOD ROAD DAVIE, FL 33328 | | Mailing Address <i>PLEASE USE THIS ADDRESS FOR ALL MAILING INFORMATION</i> P.O. BOX 291554 DAVIE, FL 33329-1554 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent SIEGEL, JODIE M 3802 S.W. 49TH COURT FORT LAUDERDALE, FL 33312 | | 7. Name and Address of New Registered Agent Name: SIEGEL, Jodie M. Street Address (P.O. Box Number is Not Acceptable): 2901 OAK PARK Circle City: DAVIE FL Zip Code: 33328 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Jodie M. Siegel</i> (NOTE: Registered Agent signature required when reinstating) DATE: 2/30/04 | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE: D <input type="checkbox"/> Delete | NAME: SIEGEL, BARBARA L | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: SIEGEL, BARBARA L |
| STREET ADDRESS: 3802 S.W. 49TH COURT | CITY-ST-ZIP: FORT LAUDERDALE, FL 333128270 | STREET ADDRESS: 2712 Arborwood Road | CITY-ST-ZIP: DAVIE, FL 33328-6910 |
| TITLE: PVTS <input type="checkbox"/> Delete | NAME: SIEGEL, BARBARA L | TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: SIEGEL, BARBARA L. |
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| STREET ADDRESS: | CITY-ST-ZIP: | STREET ADDRESS: | CITY-ST-ZIP: |
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| STREET ADDRESS: | CITY-ST-ZIP: | STREET ADDRESS: | CITY-ST-ZIP: |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: <i>Barbara Siegel</i> | | SIGNATURE: BARBARA SIEGEL 02/30/04 954-234-7120 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |