


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P0000045766

1. Entity Name
C&M OSTOMY SUPPLIES, INC.



Principal Place of Business
**2712 ARBORWOOD ROAD
 DAVIE, FL 33328**

Mailing Address
**P.O. BOX 291554
 DAVIE, FL 33329-1554**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1007954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIEGEL, JODIE M
 2712 ARBORWOOD ROAD
 DAVIE, FL 33328**

DO NOT WRITE IN THIS SPACE

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: *Jodie H. Siegel, Esq.* **JODIE H. SIEGEL, ESQ.** DATE: 1/8/07

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, BARBARA L 2712 ARBORWOOD ROAD FORT LAUDERDALE, FL 333286910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS SIEGEL, BARBARA L 2712 ARBORWOOD RD FORT LAUDERDALE, FL 333286910
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 01/10/07-80072-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Barbara Siegel, Pres. Barbara Siegel* **Barbara Siegel** DATE: 1/8/07 Daytime Phone #: 954-234-7120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR