

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045766

Entity Name: C&M OSTOMY SUPPLIES, INC.

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

2712 ARBORWOOD ROAD
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291554
DAVIE, FL 333291554

New Mailing Address:

FEI Number: 65-1007954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEGEL, JODIE M
2712 ARBORWOOD ROAD
DAVIE, FL 33328 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: SIEGEL, BARBARA L
Address: 2712 ARBORWOOD ROAD
City-St-Zip: FORT LAUDERDALE, FL 333286910

Title: PVTS () Delete
Name: SIEGEL, BARBARA L
Address: 2712 ARBORWOOD RD
City-St-Zip: FORT LAUDERDALE, FL 333286910

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SIEGEL, BARBARA L
Address: 2712 ARBORWOOD ROAD
City-St-Zip: DAVIE, FL 333286910

Title: PVTS (X) Change () Addition
Name: SIEGEL, BARBARA L
Address: 2712 ARBORWOOD RD
City-St-Zip: DAVIE, FL 333286910

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA L. SIEGEL

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

_____ Date