

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045766

Entity Name: C&M OSTOMY SUPPLIES, INC.

FILED  
Jan 05, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SIEGEL, BARBARA L  
Address: 2712 ARBORWOOD ROAD  
City-St-Zip: DAVIE, FL 333286910

Title: PVTS  
Name: SIEGEL, BARBARA L  
Address: 2712 ARBORWOOD RD  
City-St-Zip: DAVIE, FL 333286910

I hereby 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 all other like empowered.

SIGNATURE: BARBARA SIEGEL, PRES.

PRES

01/05/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date