

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000045766

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**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1007954

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 M. Siegel* **ESQ. JODIE M. SIEGEL ESQ.**

1/11/08
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000782500
01/15/08-80076-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIEGEL, BARBARA L
STREET ADDRESS	2712 ARBORWOOD ROAD
CITY - ST - ZIP	FORT LAUDERDALE, FL 333286910
TITLE	PVTS
NAME	SIEGEL, BARBARA L
STREET ADDRESS	2712 ARBORWOOD RD
CITY - ST - ZIP	FORT LAUDERDALE, FL 333286910
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 L. Siegel* **BARBARA L. SIEGEL**

1/11/08
Date

954-234-7120
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR