

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045766

Entity Name: C&M OSTOMY SUPPLIES, INC.

Current Principal Place of Business:

2712 ARBORWOOD ROAD
DAVIE, FL 33328

Current Mailing Address:

P.O. BOX 291554
DAVIE, FL 33329-1554

FEI Number: 65-1007954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title	D	Title	PVTS
Name	SIEGEL, BARBARA L	Name	SIEGEL, BARBARA L
Address	2712 ARBORWOOD ROAD	Address	2712 ARBORWOOD RD
City-State-Zip:	DAVIE FL 33328-6910	City-State-Zip:	DAVIE FL 33328-6910

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

PRESIDENT

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date