

**2015 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**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date