

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000045766

**Entity Name:** C&M OSTOMY SUPPLIES, INC.

**Current Principal Place of Business:**

8845 LAKE PARK CIRCLE S  
DAVIE, FL 33328

**Current Mailing Address:**

8845 LAKE PARK CIRCLE S  
DAVIE, FL 33328 US

**FEI Number:** 65-1007954

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIEGEL, JODIE M  
8845 LAKE PARK CIRCLE S  
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  
Name SIEGEL, BARBARA L  
Address 8845 LAKE PARK CIRCLE S  
City-State-Zip: DAVIE FL 33328

Title PVTS  
Name SIEGEL, BARBARA L  
Address 8845 LAKE PARK CIRCLE S  
City-State-Zip: DAVIE FL 33328

*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**

**01/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date