

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 343122	
1. Entity Name DELTONA MEDICAL ARTS PHARMACY, INC.	

Principal Place of Business 1209 SAXON BLVD #6 ORANGE CITY, FL 32763 US	Mailing Address 1209 SAXON BLVD #6 ORANGE CITY, FL 32763 US
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DO NOT WRITE IN THIS SPACE

03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1261210	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMIN, MUKESH 1048 PIONEER DR DELTONA, FL 32725

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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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD AMIN, MUKESH B. 671 EAST LEMIGH DR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD AMIN, GITA M. 671 EAST LEMIGH DR DELTONA, FL 32738
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mukesh Amin Mukesh Amin 3/31/05 386774793
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #