

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 343122

FILED  
Mar 12, 2008  
Secretary of State

Entity Name: DELTONA MEDICAL ARTS PHARMACY, INC.

**Current Principal Place of Business:**

1209 SAXON BLVD  
#6  
ORANGE CITY, FL 32763 US

**New Principal Place of Business:**

**Current Mailing Address:**

1209 SAXON BLVD  
#6  
ORANGE CITY, FL 32763 US

**New Mailing Address:**

FEI Number: 59-1261210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMIN, MUKESH  
671 EAST LEHIGH DRIVE  
DELTONA, FL 32738 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMIN, MUKESH B.,  
Address: 671 EAST LEHIGH DR  
City-St-Zip: DELTONA, FL 32738

Title: VD ( ) Delete  
Name: AMIN, GITA M.,  
Address: 671 EAST LEHIGH DR  
City-St-Zip: DELTONA, FL 32738

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MUKESH AMIN

PD

03/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date