

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 343122

FILED
Jan 15, 2010
Secretary of State

Entity Name: DELTONA MEDICAL ARTS PHARMACY, INC.

Current Principal Place of Business:

1209 SAXON BLVD
#6
ORANGE CITY, FL 32763 US

Current Mailing Address:

1209 SAXON BLVD
#6
ORANGE CITY, FL 32763 US

New Principal Place of Business:

921 TOWN CENTER DR
SUITE 100
ORANGE CITY, FL 32763 US

New Mailing Address:

921 TOWN CENTER DR
SUITE 100
ORANGE CITY, FL 32763 US

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
Name: AMIN, MUKESH B.
Address: 671 EAST LEHIGH DR
City-St-Zip: DELTONA, FL 32738

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

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: MUKESH AMIN

PD

01/15/2010

Electronic Signature of Signing Officer or Director

Date