

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 343122

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** DELTONA MEDICAL ARTS PHARMACY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

921 TOWN CENTER DR  
SUITE 100  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: AMIN, MUKESH B.  
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

03/09/2012

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

\_\_\_\_\_  
Date