2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 343122

1. Entity Name

DELTONA MEDICAL ARTS PHARMACY, INC.

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FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90155 043 ***150.00

DELIGIT	TWESTONE ATTO THATMA	IAOT, INO.		TO SERVE					
Principal Place of Business 1209 SAXON BLVD #6 ORANGE CITY FL 32763		Mailing Address 1209 SAXON BLVD #6 ORANGE CITY FL 3	1209 SAXON BLVD			. 180188 hikk bibbe ihibk kelib ilbks ilbi bibbi bibi bi	BIF 87811 B3811 I	11631 BIGIL (BBI	
US		US							
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			[!#0[00 :{ 0 40	din dibili dibili d	1011 (1411 1011	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\dashv	CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4.	4. FEI Number 59-1261210 Applied For Not Applicable			
Zip -	Country	Zip	Count	try		Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Currer	nt Registered Agent			7.	Name and Address of New Registered A	· ' ·	,u	
				Name			9		
amin, Mu 1048 Pioi			Street Address			(P.O. Box Number is Not Acceptable)			
DELTONA	FL 32725			" """				j	
				City		FL	Zip Cod	e	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changi	ng its registere	ed office or re	gistered a	igent, or both, in the State of Florida. I am f	amiliar with,	and accept	
SIGNATURE .					·			}	
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered	Agent signature	required when	reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 - After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					رجمه ي ب	9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AN	ID DIRECTORS	11.		Α		DIRECTOR:	S IN 11	
TITLE	PD	☐ Delete	TITLE		PD		Change	Addition	
NAME	AMIN, MUKESH B.		NAME		AMIA	I, MUKESH B FAST LEHIGH DR			
STREET ADDRESS	1048 PIONEER DR			T ADDRESS	671 0	SAST LEHIGH DIC			
CITY-ST-ZIP	DELTONS FL		CITY-	ST-ZIP	Da	TONA FL 32738			
TITLE	VD	☐ Delete	TITLE	. !	Y D	e . Ton nA	Change	☐ Addition	
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STREET ADDRESS City-St-Zip				T ADDRESS ST-ZIP			;	,	
TITLE		П к		31741					
NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-S						
12. I hereby c	ertify that the information supplied wit	th this filing does not qual	ify for the exem	nption stated	in Section	119.07(3)(i), Florida Statutes, I further certi	fy that the in	formation	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2003

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