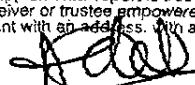


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 A
Secretary of State

DOCUMENT # P01000032203		
1. Entity Name DAYTONA PEOPLES MEDICAL SUPPLY OF ORANGE AVENUE, INC.		
Principal Place of Business 988B ORANGE AVE DAYTONA BEACH, FL 32114	Mailing Address 988B ORANGE AVE DAYTONA BEACH, FL 32114	 01242006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-3709744 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ADEKUNLE, ADELANI 988B ORANGE AVE DAYTONA BEACH, FL 32114		
DO NOT WRITE 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 the if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000497982 04/22/06-80076-015 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ADEKUNLE, ADELANI 4682 SPRUCE CREEK ROAD PORT ORANGE, FL 32127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KAEUFER, JESSICA D 988B ORANGE AVENUE DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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		 Date Daytime Phone #