2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# P01000032203

Entity Name: DAYTONA PEOPLES MEDICAL SUPPLY OF ORANGE AVENUE, INC.

Current Principal Place of Business:

986 ORANGE AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

986 ORANGE AVE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3709744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADEKUNLE, ADELANI
986 ORANGE AVE
DAYTONA BEACH, FL 32114 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: O ( ) Delete
Name: ADEKUNLE, ADELANI
Address: 4682 SPRUCE CREEK ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: O ( ) Delete
Name: KAEUFER, JESSICA D
Address: 988B ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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: ADELANI ADEKUNLE PRES 04/09/2009
Electronic Signature of Signing Officer or Director Date