2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000074612

1. Entity Name
VOLUSIA MEDICAL SUPPLY, INC.

Principal Address
369 BILL FRANCE BLVD
DAYTONA BEACH, FL 321 4

Mailing Address
369 BILL FRANCE BLVD
DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03

4. FEI Number
16-1624137

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AZIZ, LAIKHUNNISA
275 GALA CIR
DAYTONA BEACH, FL 32124

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

P	
AZIZ, LAIKHUNNIS A	
275 GALA CIRCLE	
DAYTONA BEACH, FL 32124	

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04/29/04-80172-024 150.00

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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: _____ 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #