

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000002041

**Entity Name:** DILIGENT MEDICAL SUPPLY INC

**Current Principal Place of Business:**

5757 BOOTH ROAD  
BLDG # 100  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

5757 BOOTH ROAD  
BLDG # 100  
JACKSONVILLE, FL 32207

**FEI Number:** 83-4693558

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NJIKEM, NEVILLE N  
5757 BOOTH ROAD  
BLDG # 100  
JACKSONVILLE, FL 32207 US

*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

**Officer/Director Detail :**

Title P  
Name NEVILLE, NJIKEM  
Address 5757 BOOTH ROAD  
City-State-Zip: JACKSONVILLE FL 32207

*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:** NEVILLE NJIKEM

**OWNER**

**03/19/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date