

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000108265

**Entity Name:** QUALITY SPECIALTY PHARMACY INC.

**Current Principal Place of Business:**

5144 EAST BUSCH BLVD  
TAMPA, FL 33617

**Current Mailing Address:**

18023 JAVA ISLE DR  
TAMPA, FL 33647 US

**FEI Number: 80-0316452**

**Certificate of Status Desired: No**

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

VADIM, PINHASOV  
10605 CAYMAN ISLE CT  
TAMPA, FL 33647 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 AMBR  
Name VADIM PINHASOV, AS TRUSTEE OF  
THE REVOCABLE LIVING TRUST OF  
VADIM PINHASOV  
Address 10605 CAYMAN ISLE CT  
City-State-Zip: TAMPA FL 33647

Title AMBR  
Name SOFIA AXEN, AS TRUSTEE OF THE  
REVOCABLE LIVING TRUST OF SOFIA  
AXEN  
Address 18023 JAVA ISLE DR  
City-State-Zip: TAMPA FL 33647

Title AMBR  
Name BABENKO, EUGENE  
Address 125 S CLARK AVE  
City-State-Zip: TAMPA FL 33609

*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: SOFIA AXEN**

**OWNER**

**01/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date