

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000003305

**Entity Name:** SUPERIOR BIOLOGICS NY, INC.**Current Principal Place of Business:**200 SAW MILL RIVER RD  
HAWTHORNE, NY 10523**Current Mailing Address:**505 ELMWOOD AVENUE  
SHARON HILL, PA 19079 US**FEI Number:** 45-5095464**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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	CHAIRMAN/PRESIDENT/SECRETARY
Name	KOVINSKY, MARK
Address	505 ELMWOOD AVENUE
City-State-Zip:	SHARON HILL PA 19079

Title	TREASURER
Name	SADLIER, JAMES
Address	505 ELMWOOD AVENUE
City-State-Zip:	SHARON HILL PA 19079

Title	DIRECTOR
Name	SIGLOCH, RENEE
Address	505 ELMWOOD AVENUE
City-State-Zip:	SHARON HILL PA 19079

Title	DIRECTOR
Name	JONES, WILLIAM
Address	505 ELMWOOD AVENUE
City-State-Zip:	SHARON HILL PA 19079

Title	DIRECTOR
Name	SLOAN, RYAN
Address	505 ELMWOOD AVENUE
City-State-Zip:	SHARON HILL PA 19079

*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:** MARK A KOVINSKY**PRESIDENT****05/01/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date