

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000001498

Entity Name: SUPERIOR PHARMACY SOLUTIONS, INC.**Current Principal Place of Business:**2050 E ALGONQUIN ROAD, SUITE 606
SCHAUMBURG, IL 60173-4161**Current Mailing Address:**501 ELMWOOD AVENUE
SHARON HILL, PA 19079 US**FEI Number:** 45-5095315**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN ST., STE 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	PRESIDENT, DIRECTOR, SECRETARY
Name	KOVINSKY, MARK
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

Title	EVP, OPERATIONS
Name	FICHERA, RUSSELL J.
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: RUSSELL J. FICHERA

EVP, OPERATIONS

05/01/2018

Electronic Signature of Signing Officer/Director Detail_____
Date