2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 01, 2004 8:00 am Secretary of State

DOCUMENT # P0000009930 1. Entity Name SUPERIOR MEDICAL COMPLIANCE, INC.						03-01-2004 90043 028 ***158.75				58.75
Principal Place	e of Business	Maili	ng Address	<u>-</u>	•••	7				
5300 SW 144 AVENUE MIAMI, FL 33175		900 SUf	9000 S.W. 137 AVENUE SUITE 111 MIAMI, FL 33186						=115 +51=5 ····· ==-	
2. Principal Place of Business		3. M	3. Mailing Address 5300 Sω 144		Ave.					
Suite, Apt.	#, etc.		ite, Apt. #, etc.			02252004	Chg-P	CR2E(034 (10/03)	
City & State		M		FL.		4. FEI Numbe 65-0984		~~~~~~	No	plied For t Applicable
Zip	Country		3175	Count	ry		of Status Desired	U	\$8.75 Add Fee Required	
	6. Name and Address of	f Current Registe	red Agent		Name	7. Name and	Address of New F	Registered	Agent	<u></u>
BRUGAL	DAI DH			į	Name					
BRUGAL, RALPH 5300 S.W. 144 AVENUE MIAMI, FL 33175				Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Coa	9
	named entity submits this stations of registered agent. Rall Sgrature, typed or printed name of reg	Bru-	eve_	registere	d office or registe	ered agent, or bot	h, in the State of Fl	orida. I am		
	Sylicitor, typed or prefer traine of leg	estered agent and title if a	pplicable. (NOTI	E: Registered	Agent signature require	ed when reinstating)		DATE		
	E NOW!!! FEE IS \$150 ay 1, 2004 Fee will be	0.00	9. Election Campa Trust Fund Cont	ign Finan	cing \$5	ed when renstating) 5.00 May Be Ided to Fees	.,	DATE		
	E NOW!!! FEE IS \$150 ay 1, 2004 Fee will be	0.00	9. Election Campa Trust Fund Cont	ign Finan	cing \$5	5.00 May Be Ided to Fees	CHANGES TO OFF	DATE		
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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: RELIGIORATION BANG OF SIGNANG OFFICER ON DIRECTOR

(305) 551-7994

Daytime Phone #