

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000116816

FILED
Apr 21, 2005
Secretary of State

Entity Name: SUPERIOR PHARMACY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1002 SOUTH 9 AVE
WAUCHULA, FL 33873

New Principal Place of Business:

3321 NW 82 AVE
DORAL, FL 33122

Current Mailing Address:

1002 SOUTH 9 AVE
WAUCHULA, FL 33873

New Mailing Address:

3321 NW 82 AVE
DORAL, FL 33122

FEI Number: 52-2386344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

QURESHI, MUSTAQUEEM A
3321 NW 82 AVE
DORAL, FL 33122 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: MUSTAQUEEM A. QURESHI

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QURESHI, MUSTAQUEEM A
Address: 1002 SOUTH 9 AVE
City-St-Zip: WAUCHULA, FL 33873

Title: DST () Delete
Name: VELEZ, MAYRA
Address: 782 NW 42ND AVE SUITE 348
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: QURESHI, MUSTAQUEEM A
Address: 3321 NW 82 AVE
City-St-Zip: DORAL, FL 33122

Title: DST (X) Change () Addition
Name: VELEZ, MAYRA
Address: 3321 NW 82 AVE
City-St-Zip: DORAL, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MAYRA VELEZ

DST

04/21/2005

Electronic Signature of Signing Officer or Director

Date