2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017499

Name:

Address:

6567 SPANISH MOSS CIRCLE

FILED Apr 08, 2004 Secretary of State

Entity Name: SUPERIOR PHARMACY, INC. **Current Principal Place of Business: New Principal Place of Business:** 8405 N HIMES AVE TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 8405 N HIMES AVE TAMPA, FL 33614 FEI Number: 04-3747709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLE, KATHY L 205 W. MARTIN LUTHER KING BLVD #204 TAMPA, FL 33603 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition OKEKE, IKE Name: Name: 8405 N HIMES AVE Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: Title: (X) Change () Addition () Delete IBI-ANADIUME, VICTOR

Name:

Address:

OBI-ANADIUME, VICTOR

6567 SPANISH MOSS CIRCLE

TAMPA, FL 33625 TAMPA, FL 33625 City-St-Zip: City-St-Zip:

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: OBI-ANADIUME VICTOR DIRE 04/08/2004