

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000006241

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** SUPERIOR MED CARE OPTIONS, INC.

**Current Principal Place of Business:**

249 SE 2ND AVE  
POMAPNO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

249 SE 2ND AVE  
POMAPNO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SZUMAL, STEVE  
249 SE 2ND AVE  
POMAPNO BEACH, FL 33060 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SZUMAL, STEVE  
Address: 249 SE 2ND AVE  
City-St-Zip: POMAPNO BEACH, FL 33060

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:** STEVE SZUMAL

PRES

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date