

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90122 036 \*\*\*150.00

0662397 AB

**DOCUMENT # P94000042020**

1. Entity Name  
**SUPER PHARMACY NETWORK, INC.**



Principal Place of Business  
**30 HUNTER LANE  
CAMP HILL PA 17011  
US**

Mailing Address  
**C/O TAX DEPARTMENT  
P.O. BOX 3165  
HARRISBURG PA 17105  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3252055**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
% C T CORPORATION SYSTEMS INC.  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JESSICK, DAVID R	
STREET ADDRESS	30 HUNTER HILL	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SARI, ROBERT B.	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	T	<input type="checkbox"/> Delete
NAME	GERSHENSON, GLENN	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	V	<input type="checkbox"/> Delete
NAME	KRAHULEC, JAMES	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAICEVIC, VLADIMIR	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GERSON, ELLIOT S	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Twomey	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRIS HALL	
STREET ADDRESS	30 HUNTER LANE	
CITY-ST-ZIP	CAMP HILL PA 17011	

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: **Kevin Twomey**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/03**  
Date

**717-761-2633**  
Daytime Phone #

CR2E034 (10/02)