

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000042221

1. Entity Name
SUPERIOR CARE MEDICAL SUPPLIES, INC.



Principal Place of Business
**7847 NW 72ND AVE
MIAMI, FL 33166**

Mailing Address
**7847 NW 72ND AVE
SUITE 5A
MIAMI, FL 33166**



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0584823

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VEGA, PAULA X
495 EAST 57TH STREET
HIALEAH, FL 33013**

**DO NOT WRITE
IN THIS SPACE**

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)

3/20/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**UG00000094792
03/24/04-80007-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPTS
VEGA, ANARDIS
7847 NW 72ND AVENUE
MEDLEY, FL 33166**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 information empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/04 **(305) 8850740**
Date Daytime Phone #