2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# P95000042221

Entity Name: SUPERIOR CARE MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

7847 NW 72ND AVE
MIAMI, FL 33166

New Principal Place of Business:

7847 NW 72ND AVE
MEDLEY, FL 33166

Current Mailing Address:

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

New Mailing Address:

7847 NW 72ND AVE
MEDLEY, FL 33166

FEI Number: 65-0584823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPTS ( ) Delete
Name: VEGA, ANARDIS
Address: 7847 NW 72ND AVENUE
City-St-Zip: MEDLEY, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPTS (X) Change ( ) Addition
Name: VEGA, PAULA X
Address: 7847 NW 72ND AVENUE
City-St-Zip: MEDLEY, FL 33166

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: PAULA X VEGA DPTS 03/28/2005
Electronic Signature of Signing Officer or Director Date