

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000042221

1. Entity Name
SUPERIOR CARE MEDICAL SUPPLIES, INC.



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

Mailing Address
**7847 NW 72ND AVE
MEDLEY, FL 33166**



01032006 No Chg-P CR2E034 (11/05)

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000418006
02/14/06-90016-015 150.00**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 (205) 8850740

Date

Daytime Phone #