

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90035 040 \*\*\*150.00

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04152004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000070089</b> 1. Entity Name <b>USA PHARMACAL SALES INC.</b>					
Principal Place of Business <b>1247 FLORIDA AVENUE PALM HARBOR, FL 34683</b>			Mailing Address <b>1247 FLORIDA AVENUE PALM HARBOR, FL 34683</b>		
2. Principal Place of Business <b>625 PINELLAS ST.</b> Suite, Apt. #, etc. <b>B</b>		3. Mailing Address <b>625 PINELLAS ST.</b> Suite, Apt. #, etc. <b>B</b>			
City & State <b>CLEARWATER</b> Zip <b>33756</b> Country <b>PINELLAS</b>		City & State <b>CLEARWATER</b> Zip <b>33756</b> Country <b>PINELLAS</b>		4. FEI Number <b>59-3532087</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PENCE, JOHN 1247 FLORIDA AVENUE PALM HARBOR, FL 34683</b>			7. Name and Address of New Registered Agent Name <b>PENCE, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>625 PINELLAS ST. #B</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33756</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <b>PENCE, JOHN</b> <b>1247 FLORIDA AVENUE</b> <b>PALM HARBOR, FL 34683</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>625 PINELLAS ST. #B</b> <b>CLEARWATER, FL. 33756</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <b>SUSSMAN, ARTHUR</b> <b>1247 FLORIDA AVENUE</b> <b>PALM HARBOR, FL 34683</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>625 PINELLAS ST. #B</b> <b>CLEARWATER, FL. 33756</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>John Pence</i> <b>President</b>			Date <b>4/19/04</b> Daytime Phone # <b>727-784-6449</b>		