

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000000066

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**9653257425CC**

**Entity Name:** U.S. PHARMACEUTICAL CORPORATION

**Current Principal Place of Business:**

2443 PARK CENTRAL BOULEVARD  
DECATUR, GA 30035

**Current Mailing Address:**

2443 PARK CENTRAL BOULEVARD  
DECATUR, GA 30035

**FEI Number: 58-2234419**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            KREBS BENSCH, ALLISON CEO  
Address        939 HIGHLAND TERRANCE  
City-State-Zip: ATLANTA GA 30306

Title            PRES  
Name            KREBS, ROSE M  
Address        3643 WINBROOKE LN  
City-State-Zip: TUCKER GA 30084

Title            S  
Name            DAVIS, KIMBROUGH  
Address        1100 PEACHTREE ST SUITE 2860  
City-State-Zip: ATLANTA GA 30309

*I hereby 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 all other like empowered.*

**SIGNATURE: ALLISON KREBS BENSCH**

**CEO**

**02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date