


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90665 020 ***150.00

DOCUMENT # P02000080665
 1. Entity Name
PREEMINENT HOSPITALS OF EUROPE, INC.



Principal Place of Business Mailing Address
307 W PARK AVE, STE 211 **307 W PARK AVE, STE 211**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301**

44027931



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
1918 Wahala Way Ct *1918 Wahala Way Ct*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee, FL *Tallahassee, FL*
 Zip Country Zip Country
32301 *USA* *32301* *USA*

4. FEI Number Applied For
56-2306212 Not Applicable

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

6. Name and Address of Current Registered Agent
GORDON-GIRVIN, SHARON M
307 W PARK AVE, STE 211
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name *David G. Lebow*
 Street Address (P.O. Box Number is Not Acceptable)
1918 Wahala Way
 City *Tallahassee* FL Zip Code *32301*

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 *David G. Lebow (David G. Lebow) President* DATE *4/07/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEBOW, DAVID	
STREET ADDRESS	307 W PARK AVE, STE 211	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GORDON-GIRVIN, SHARON M	
STREET ADDRESS	307 W PARK AVE, STE 211	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	V	<input type="checkbox"/> Delete
NAME	<i>Adam Perlman</i>	
STREET ADDRESS	<i>41 Barbara Dr</i>	
CITY-ST-ZIP	<i>Randolph, NJ 07869</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *David G. Lebow* Date *4/07/04* Daytime Phone # *850 656 5472*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR