

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

307 W PARK AVE, STE 211
TALLAHASSEE FL 32301

Mailing Address

307 W PARK AVE, STE 211
TALLAHASSEE FL 32301

2. Principal Place of Business

1918 Waha/aw Ct

Suite, Apt. #, etc.

3. Mailing Address

1918 Waha/aw Ct

Suite, Apt. #, etc.

44027931



MOORE

CR2E034 (11/03)

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

56-2306212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32301

Country

USA

Zip

32301

Country

USA

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 Waha/aw Ct

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

4/07/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LEBOW, DAVID
STREET ADDRESS 307 W PARK AVE, STE 211
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE V ☒ Delete
NAME GORDON-GIRVIN, SHARON M
STREET ADDRESS 307 W PARK AVE, STE 211
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE V ☐ Delete
NAME Adam Perlman
STREET ADDRESS 41 Barbara Dr
CITY-ST-ZIP Randolph, NJ 07869

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, President

4/07/04

Date

Daytime Phone #

850 656 5472