2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# P08000016217

Entity Name: SUPERIOR MEDICAL HOUSE CALLS INC.

Current Principal Place of Business:

4305 VINELAND ROAD
SUITE G-16
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

4305 VINELAND ROAD
SUITE G-16
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 80-0147810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINES, ANDREA
4305 VINELAND ROAD
SUITE G-16
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

FINES, ANDREA E
4305 VINELAND ROAD
SUITE G-16
ORLANDO, FL 32811 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: ANDREA E. FINES 03/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FINES, ANDREA
Address: 4305 VINELAND RD., SUITE G-16
City-St-Zip: ORLANDO, FL 32811

Title: P ( ) Delete
Name: FINES, LEONIDES
Address: 4305 VINELAND ROAD, SUITE G-16
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: FINES, ANDREA E
Address: 4305 VINELAND RD., SUITE G-16
City-St-Zip: ORLANDO, FL 32811

Title: VP (X) Change ( ) Addition
Name: FINES, LEONIDES G
Address: 4305 VINELAND ROAD, SUITE G-16
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEONIDES G. FINES VP/D 03/25/2009
Electronic Signature of Signing Officer or Director Date