2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2004
Secretary of State

DOCUMENT# P97000080060

Entity Name: PANTHEON SUPERIOR HEALTHCARE, INC.

Current Principal Place of Business:

688 NE 71 ST
MIAMI, FL 33138

New Principal Place of Business:

5226 ALTON ROAD
MIAMI BEACH, FL 33140

Current Mailing Address:

688 NE 71 ST
MIAMI, FL 33138

New Mailing Address:

P.O. BOX 403028
MIAMI BEACH, FL 33140

FEI Number: 65-0780949 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOMBARDI, ANGELA M
688 NE 71 ST
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

LOMBARDI, ANGELA M
P.O. BOX 403028
MIAMI BEACH, FL 33140 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: PATRECE A. FRISBEE 04/10/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: OP ( ) Delete
Name: LOMBARDI, ANGELA M
Address: 688 NE 71ST STREET
City-St-Zip: MIAMI, FL 33138

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change ( ) Addition
Name: LOMBARDI, ANGELA M
Address: P.O. BOX 403028
City-St-Zip: MIAMI BEACH, FL 33140

Title: OD ( ) Change (X) Addition
Name: FRISBEE, PATRECE A
Address: P.O. BOX 403028
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANGELA M. LOMBARDI OD 04/10/2004
Electronic Signature of Signing Officer or Director Date