

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90159 042 ***150.00

001757 AB

DOCUMENT # F01000006217			
1. Entity Name PLC MILLENIA, INC.			
Principal Place of Business 17140 BERNARDO CENTER DRIVE, SUITE 300 SAN DIEGO CA 92128		Mailing Address 17140 BERNARDO CENTER DRIVE, SUITE 300 SAN DIEGO CA 92128	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLHASSEE FL 32301-2525				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BULLICK, GRAHAM R M.D.			NAME			
STREET ADDRESS	17140 BERNARDO CENTER DRIVE, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO CA 92128			CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VISCONSI, JOHN			NAME			
STREET ADDRESS	17140 BERNARDO CENTER DRIVE, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO CA 92128			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAKAGAWA, JAMES Y			NAME			
STREET ADDRESS	17140 BERNARDO CENTER DRIVE, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO CA 92128			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OTTESEN, S. ERIC			NAME			
STREET ADDRESS	17140 BERNARDO CENTER DRIVE, SUITE 300			STREET ADDRESS			
CITY-ST-ZIP	SAN DIEGO CA 92128			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3-20-02 858-675-9400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E034 (9/01)