

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 11, 2007  
Secretary of State**

DOCUMENT# N06000006091

Entity Name: MIRACLE HEALTH CENTER, INC.

**Current Principal Place of Business:**

2529 KINGSLAND AVE  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

2529 KINGSLAND AVE  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 20-2331623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JOHNSON, TERRY  
1120 MEADOW LAKE WAY #104  
WINTER SPRINGS, FL 32708      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OWNE ( ) Change (X) Addition  
Name: ELIZABETH, FRANCIS  
Address: 2529 KINGSLAND AVE  
City-St-Zip: ORLANDO, FL 32808

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH FRANCIS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

09/11/2007

\_\_\_\_\_  
Date