

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006091

FILED
Jan 17, 2008
Secretary of State

Entity Name: MIRACLE HEALTH CENTER, INC.

Current Principal Place of Business:

2529 KINGSLAND AVE
ORLANDO, FL 32808

New Principal Place of Business:

6001 SILVER STAR ROAD
SUITE 1
ORLANDO, FL 32808

Current Mailing Address:

2529 KINGSLAND AVE
ORLANDO, FL 32808

New Mailing Address:

6001 SILVER STAR ROAD
SUITE 1
ORLANDO, FL 32808

FEI Number: 20-2331623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: OWNE () Delete
Name: ELIZABETH, FRANCIS
Address: 2529 KINGSLAND AVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change () Addition
Name: ELIZABETH, FRANCIS
Address: 6001 SILVER STAR ROAD SUITE 1
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

OWNE

01/17/2008

Electronic Signature of Signing Officer or Director

_____ Date