

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016276

FILED
Jan 12, 2005
Secretary of State

Entity Name: MILLENNIUM BEHAVIORAL HEALTH CARE, INC.

Current Principal Place of Business:

11570 WILES RD.
#1
CORAL SPRINGS, FL 33076

New Principal Place of Business:

14000 MILITARY TRAIL
202
DELRAY BEACH, FL 33487

Current Mailing Address:

11570 WILES RD.
#1
CORAL SPRINGS, FL 33076

New Mailing Address:

14000 MILITARY TRAIL
202
DELRAY BEACH, FL 33487

FEI Number: 65-0981250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTERE, LINDA
10836 NW 34 CRT
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

POTERE, LINDA
8920 EQUUS CIRCLE
BOYNTON BEACH, FL 33437 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: LINDA K. POTERE

01/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POTERE, LINDA
Address: 10836 NW 34 CRT
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: POTERE, LINDA
Address: 8920 EUUS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

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: LINDA K. POTERE

PRES

01/12/2005

Electronic Signature of Signing Officer or Director

Date