

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000016276

**FILED**  
**Jul 03, 2006**  
**Secretary of State**

**Entity Name:** MILLENNIUM BEHAVIORAL HEALTH CARE, INC.

**Current Principal Place of Business:**

14000 MILITARY TRAIL  
202  
DELRAY BEACH, FL 33487

**New Principal Place of Business:**

8920 EQUUS CIRCLE  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

14000 MILITARY TRAIL  
202  
DELRAY BEACH, FL 33487

**New Mailing Address:**

8920 EQUUS CIRCLE  
BOYNTON BEACH, FL 33437

**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  
14000 MILITARY TR #202  
DELRAY BEACH, FL 33484 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 POTERE

07/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: POTERE, LINDA  
Address: 8920 EQUUS CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA POTERE

CEO

07/03/2006

Electronic Signature of Signing Officer or Director

Date