2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 08:00 AM Secretary of State

DOCUMENT # P0000030488 1. Entity Name MILLENNIUM HEALTHCARE GROUP, INC.			Secretary of Stat			
Principal Place		Mailing Address				
962 WEST 43 HIALEAH, FL		PO BOX 22601 Hialeah, Fl 33002				
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				01222008 No Cho	g-P CR2E034	(11/05)
, D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number		Applied For
•			*	65-1001791		Not Applicable
				5. Certificate of Status De		8.75 Additional
	6. Name and Address of Current Re	gistered Agent		1. ·		
FERNANDEZ, AYMEE 962 WEST 43 PLACE HIALEAH, FL 33012						
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			IN THIS SPACE			
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			A PERSONAL PROPERTY.			1
	named entity submits this statement for the ions of registered agent.	ne purpose of changing its registe	red office or registe	red agent, or both, in the Sta	te of Florida. I am far	niliar with, and accept
the obligati	one or regional out agorn.					
SIGNATURE_	Signature, typed or printed name of registered agent and	utle if applicable (NOTE, Register	red Agent signature require	d when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Selection Campaign Fina Trust Fund Contribution		.00 May Be ded to Fees		
10.	OFFICERS AND DI	RECTORS		•		
TITLE NAME	P FERNANDEZ, AYMEE		1.		•	
STREET ADDRESS	PO BOX 22601					·
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all or face the empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2008 (305)804-6676 Date Dayline Phone #