


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000074644 1. Entity Name MILLENIUM MEDICAL HEALTH GROUP, INC.	
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Principal Place of Business 1036 NW 1ST AVE. HOMESTEAD, FL 33030	Mailing Address 1036 NW 1ST AVE. HOMESTEAD, FL 33030
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DO NOT WRITE IN THIS SPACE



03142003 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0464583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GARCIA, VICTOR M
29635 SW 166 CT.
HOMESTEAD, FL 33030**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, VICTOR M 29635 SW 166 CT. HOMESTEAD, FL 33030
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05/24/04-80008-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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 other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #