2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2004
Secretary of State

DOCUMENT# P02000078324

Entity Name: MILLENIA HEALTHCARE INSTITUTE, INC.

Current Principal Place of Business:

1490 SOUTH MILITARY TRAIL
SUITE # 11
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

1490 SOUTH MILITARY TRAIL
SUITE # 11
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 11-3646519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATTIS, JULIA D
8073 ABERDEEN DRIVE
APT. # 202A
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

FORTUNE, ERNANDE
4982 VICTORIA CIRCLE
WEST PALM BEACH, FL 33409 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: ERNANDE FORTUNE 10/27/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ELLIOTT, CHARINE G
Address: 7369 WESCOTT TERRACE
City-St-Zip: LAKE WORTH, FL 33467

Title: V (X) Delete
Name: MATTIS, JULIA D
Address: 8073 ABERDEEN DRIVE # 202A
City-St-Zip: BOYNTON BEACH, FL 33437 FL

Title: S (X) Delete
Name: LEWIS, LOUISE A
Address: 7670 SANTEETERRACE
City-St-Zip: LAKE WORTH, FL 33467

Title: T (X) Delete
Name: ELLIOTT, SHARROL A
Address: 7369 WESCOTT TERRACE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FORTUNE, ERNANDE
Address: 4982 VICTORIA CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

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

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

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 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: ERNANDE FORTUNE P 10/27/2004
Electronic Signature of Signing Officer or Director Date