

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078324

FILED
Apr 29, 2010
Secretary of State

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:

1800 OLD OKEECHOBEE ROAD
SUITE 102
WEST PALM BEACH, FL 33409

Current Mailing Address:

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

New Mailing Address:

1800 OLD OKEECHOBEE ROAD
SUITE 102
WEST PALM BEACH, FL 33409

FEI Number: 11-3646519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTUNE, ERNANDE
1490 S MILITARY TRAIL STE 11
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

DFS AGENT, LLC
1760 N. JOG ROAD
SUITE 150
WEST PALM BEACH, FL 33411 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: PATRICK J. DISALVO

04/29/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: FORTUNE, ERNANDE
Address: 1800 OLD OKEECHOBEE ROAD, SUITE 102
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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 all other like empowered.

SIGNATURE: ERNANDE FORTUNE

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date