2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047617

Address:

City-St-Zip:

FILED Feb 05, 2008 Secretary of State

Entity Nan	ne: MILLENN	IIUM COMMUNITY MENTAL HEA	ALTH CENTER, IN	C.		
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2955 S.W. SUITE 202 MIAMI, FL						
Current Ma	ailing Addres	ss:	New Maili	New Mailing Address:		
2955 S.W. SUITE 202 MIAMI, FL						
FEI Number:	30-0173014	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name				Address of New Registered Agent:		
MARTINEZ, ALFREDO S 3400 CORAL WAY SUITE #600 MIAMI, FL 331453070 US			3400 CÓR/ SUITE #60	BANOS, ESQ, JAVIER 3400 CORAL WAY SUITE #601 MIAMI, FL 331453070 US		
The above in the State		submits this statement for the pur	rpose of changing it	ts registered office or registered agent, or both,		
SIGNATURE: JAVIER BANOS, ESQ				02/05/2008		
Electronic Signature of Registered Agent				Date		
Election Carr	paign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PSD (MARTINEZ, AL 3400 CORAL V MIAMI, FL 331	VAY, #600	Title: Name: Address: City-St-Zip:	PSD (X) Change () Addition OTERO, MARIA E 3400 CORAL WAY, #601 MIAMI, FL 331453070		
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition OTERO, MARIA E 3400 CORAL WAY, #601 MIAMI, FL 331453070		
Title: Name:	()) Delete	Title: Name:	TRE () Change (X) Addition LOPEZ, YANILL		

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

3400 CORAL WAY, #601

MIAMI, FL 331453070

SIGNATURE: MARIA E OTERO PSD 02/05/2008