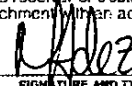


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90020 050 ***150.00

DOCUMENT # P04000143023 1. Entity Name MILLENNIUM MEDICAL CENTER, CORP.					
Principal Place of Business 356 WEST 13 ST HIALEAH, FL 33010			Mailing Address 356 WEST 13 ST HIALEAH, FL 33010		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1756050	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADELENNE, HERNANDEZ 356 WEST 13 ST HIALEAH, FL 33010			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HERNANDEZ, MADELENNE 356 WEST 13 ST HIALEAH, FL 33010	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIAZ, YOANNY 331 SW 136 CT. MIAMI, FL 33184	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/16/05 305 823-8244 Date Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					