2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Jan 31, 2007 08:00 AM Secretary of State

DOCUMENT # P04000143023 1. Entity Name MILLENNIUM MEDICAL CENTER, CORP.						Secretary of State			
Principal Plac	e of Business	Mailing Address			_				
356 WEST 13 ST Hialeah, Fl 33010		356 WEST 13 ST HIALEAH, FL 33010							
3 Belocion B	Disco of Puplomes No P.O. Peu #) di Mallina Addresa		<u>स्म</u> ्रे :					
Principa) Place of Business - No P.O. Box # 3.		3. Mailing Address	5. Walling Address						
Suite, Apt. #, etc.		Suite, Apr. #, etc.	Suite, Apt. #, etc.		01252007	Chg-P	CR2E034 (12/06)		
City & State		City & State	City & State		4. FEI Numb 20-175			oplied For ot Applicat?	
Zip	Country	Zip Cour		ntry		5. Certificate of Status Desired \$8.75 Additional			
	6. Name and Address of Curre	ent Registered Agent	1	<u> </u>	7. Name and	i Address of New R	Fee Require	<u> </u>	
					Name				
MADELENNE, HERNANDEZ 356 WEST 13 ST				Street Address (P.O. Box Number is Not Acceptable)					
*HIALEAH, FL 33010									
ı				City			FL Zip Cod	e	
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 ag	pent and the if applicable (NO	IF Registers	id årent sinnet re ron	quired when reinstating)		DATE		
		The state of the s	The glotere		forece witer (ten secting)	·		<u> </u>	
FILE NGW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution					\$5.00 May Be Added to Fees	9-707-S07-S0	612065 80032-004 150	0.00	
10.		ND DIRECTORS	11,		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
TITLE NAME	P HERNANDEZ, MADELENNE	☐ Delete	TITLE	I .			☐ Change	Addition	
STREET ADDRESS	356 WEST 13 ST		•	ET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33010	<u> </u>	CAY	-S1-ZIP					
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CITY-ST-ZIP	MIAMI, FL 33184			ET ADDRESS (- ST- ZIP					
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STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		·		-ST-ZIP		·			
 I hereby c indicated of the corn changed, 	tertify that the information supplied w on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an although	vith this filing does not qualify for it is true and accurate and that in apowered to execute this repon is, with all other like empowered	or the exe my signat I as requir I.	emptions contain ture shall have t red by Chapter	ined in Chapter 119 the same legal effect 607, Florida Statute	I, Florida Statutes. It as if made under o s; and that my name	further certify that the in ath; that I am an officer appears in Block 10 or	nformation or director Block 11 if	

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR