

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90139 019 \*\*\*150.00

DOCUMENT # P05000011649

1. Entity Name

BIOTEK HEALTH GROUP, INC.



Principal Place of Business

Mailing Address

~~7187 BOCA GROVE PLACE #102~~  
~~BRADENTON FL 34202~~

~~7187 BOCA GROVE PLACE #102~~  
~~BRADENTON FL 34202~~  
3046 University Pkwy  
Sarasota, FL 34243



2. Principal Place of Business

3046 University Park West

3. Mailing Address

Suite, Apt. #, etc.

Sarasota, Florida

Suite, Apt. #, etc.

City & State

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

20-2225052

Applied For

Not Applicable

Zip

Country

Zip

Country

34243

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORD, MARK W ATTY  
46 N WASHINGTON BLVD STE 16  
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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	President	<input type="checkbox"/> Delete
NAME	Mark C. Milliken	
STREET ADDRESS	7187 Boca Grove Place #102	
CITY-STATE-ZIP	Bradenton, Florida 34202	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Sally J. Milliken	
STREET ADDRESS	7187 Boca Grove Place #102	
CITY-STATE-ZIP	Bradenton, Florida 34202	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Caroline B. Milliken	
STREET ADDRESS	7187 Boca Grove Place #102	
CITY-STATE-ZIP	Bradenton, Florida 34202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Mark C. Milliken*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-06

Date

Daytime Phone #



ATTACHMENT  
66010762

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2006

~~BIOTEK HEALTH GROUP, INC.~~  
~~7187 BOCA GROVE PLACE #102~~  
~~BRADENTON, FL 34202~~

MAIL Address  
3046 university Pkwy  
Sarasota, FL 34243

Subject: BIOTEK HEALTH GROUP, INC.

Reference Number: R05000011649

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION