


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90385 014 \*\*\*163.75

|  |   |
|--|---|
| <b>DOCUMENT # P05000132321</b>                       |  |
| 1. Entity Name<br><b>MILO HEALTH SOLUTIONS, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2169 BALSAN WAY<br/>WELLINGTON, FL 33414 US</b> | Mailing Address<br><b>2169 BALSAN WAY<br/>WELLINGTON, FL 33414 US</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01082006 Chg-P CR2E034 (11/05)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>20-3542208</b>                                   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                       |  | 7. Name and Address of New Registered Agent        |  |
| <b>FOLLIN, MICHAEL J<br/>2169 BALSAN WAY<br/>WELLINGTON, FL 33414</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>FOLLIN, LORRAINE C<br>2169 BALSAN WAY<br>WELLINGTON, FL 33414 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>FOLLIN, MICHAEL J<br>2169 BALSAN WAY<br>WELLINGTON, FL 33414 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael J. Follin 04/02/06 561-793-3425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #