2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# P06000152885

Entity Name: MILLENIA HEALTH CARE, INC.

Current Principal Place of Business:

5224 WEST STATE ROUTE 46
SANFORD, FL 32771

New Principal Place of Business:

5224 WEST STATE ROUTE 46
SANFORD, FL 32771 US

Current Mailing Address:

5224 WEST STATE ROUTE 46
SANFORD, FL 32771

New Mailing Address:

1033 OLD BURR ROAD
WARM SPRINGS, AR 72478 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SMITH, TRISHA
Address: 5224 WEST STATE ROUTE 46
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TRISHA SMITH P 04/16/2008

Electronic Signature of Signing Officer or Director Date