

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000089845

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MILLENNIUM HEALTH SOLUTIONS, INC.

**Current Principal Place of Business:**

5088 66TH ST N  
ST. PETERSBURG, FL 33709

**New Principal Place of Business:**

**Current Mailing Address:**

10460 ROOSEVELT BLVD., N STE 291  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

**FEI Number:** 45-3759065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TEEKELL-TAYLOR, LEAH  
10460 ROOSEVELT BLVD., N STE 291  
ST. PETERSBURG, FL 33709 US

**Name and Address of New Registered Agent:**

TEEKELL-TAYLOR, LEAH  
10460 ROOSEVELT BLVD., N STE 291  
ST. PETERSBURG, FL 33716 US

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

04/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TEEKELL-TAYLOR, LEAH  
Address: 10460 ROOSEVELT BLVD. N STE. 291  
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby 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 all other like empowered.

SIGNATURE: LEAH TEEKELL-TAYLOR

PRES

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date