



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000026689			
1. Entity Name BISCAYNE MILIEU HEALTH CENTER, INC.			
Principal Place of Business 13499 BISCAYNE BLVD. NORTH MIAMI, FL 33181	Mailing Address 13499 BISCAYNE BLVD. NORTH MIAMI, FL 33181		
DO NOT WRITE IN THIS SPACE			
		 01062005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0657826	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MACLI, ANTONIO ALFREDO 13499 BISCAYNE BLVD SUITE 101 NORTH MIAMI, FL 33181			DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PCEO	DO NOT WRITE IN THIS SPACE	
NAME	MACLI, ANTONIO		
STREET ADDRESS	13499 BISCAYNE BLVD., #102		
CITY - ST - ZIP	MIAMI, FL 33181		
TITLE			
NAME			
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CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.			
SIGNATURE: _____		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			