

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026689

FILED
Mar 09, 2006
Secretary of State

Entity Name: BISCAYNE MILIEU HEALTH CENTER, INC.

Current Principal Place of Business:

13499 BISCAYNE BLVD.
NORTH MIAMI, FL 33181

New Principal Place of Business:

13499 BISCAYNE BLVD
SUITE: 101
NORTH MIAMI, FL 33181

Current Mailing Address:

13499 BISCAYNE BLVD.
NORTH MIAMI, FL 33181

New Mailing Address:

13499 BISCAYNE BLVD
SUITE: 101
NORTH MIAMI, FL 33181

FEI Number: 65-0657826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACLI, ANTONIO ALFREDO
13499 BISCAYNE BLVD
SUITE 101
NORTH MIAMI, FL 33181 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 ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MACLI, ANTONIO
Address: 13499 BISCAYNE BLVD., #102
City-St-Zip: MIAMI, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACLI, JORGE F
Address: 13499 BISCAYNE BLVD SUITE: 201
City-St-Zip: MIAMI, FL 33181

Title: VP () Change (X) Addition
Name: MACLI, ANTONIO A
Address: 13499 BISCAYNE BLVD SUITE: 201
City-St-Zip: MIAMI, FL 33181 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE F. MACLI

PD

03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date