

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000026689

FILED
Feb 15, 2007
Secretary of State

Entity Name: BISCAYNE MILIEU HEALTH CENTER, INC.

Current Principal Place of Business:

13499 BISCAYNE BLVD
SUITE: 101
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

13499 BISCAYNE BLVD
SUITE: 101
NORTH MIAMI, FL 33181

New Mailing Address:

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: PVD () Delete
Name: MACLI, ANTONIO A
Address: 13499 BISCAYNE BLVD SUITE: 201
City-St-Zip: MIAMI, FL 33181 US

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 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: ANTONIO ALFREDO MACLI

PVD

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date