

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024154

FILED
Apr 22, 2004
Secretary of State

Entity Name: MILLENNIUM HEALTH CARE, INCORPORATED

Current Principal Place of Business:

1451 W CYPRESS CREEK RD
300
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1975 E. SUNRISE BLVD.
761
FORT LAUDERDALE, FL 33304

Current Mailing Address:

P.O. BOX 611837
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 65-0744071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBS, PAUL R PRES.
P.O. BOX 611837
POMPANO BEACH, FL 33061 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: PRES () Delete
Name: JACOBS, PAUL R
Address: P.O. BOX 611837
City-St-Zip: POMPANO BEACH, FL 33061

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 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 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: PAUL R. JACOBS

PRES

04/22/2004

Electronic Signature of Signing Officer or Director

Date