

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000024154

FILED
Mar 29, 2009
Secretary of State

Entity Name: MILLENNIUM HEALTH CARE, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

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

Name and Address of New Registered Agent:

JACOBS, PAUL R PRES.
4300 N. OCEAN BLVD.
21F
FORT LAUDERDALE, FL 33308 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:

03/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JACOBS, PAUL R PH.D.
Address: 1975 E. SUNRISE BLVD., SUITE 761
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JACOBS, PAUL R PH.D.
Address: 4300 N. OCEAN BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify 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: PAUL R. JACOBS

PRES

03/29/2009

Electronic Signature of Signing Officer or Director

Date