

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000024154

FILED
Apr 17, 2003
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:

Current Mailing Address:

4300 N. OCEAN BLVD.
SUITE 21-F
FORT LAUDERDALE, FL 33308

New Mailing Address:

P.O. BOX 611837
POMPANO BEACH, FL 33061

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.
4300 N. OCEAN BLVD.
SUITE 21-F
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

JACOBS, PAUL R PRES.
P.O. BOX 611837
POMPANO BEACH, FL 33061 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: PAUL R. JACOBS

04/17/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBS, PAUL R
Address: 4300 N. OCEAN BLVD., SUITE 21-F
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

04/17/2003

Electronic Signature of Signing Officer or Director

Date