
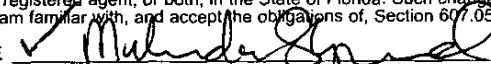


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90174 007 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000048173			
1. Corporation Name MILLENUM HOME CARE, INC.			
Principal Place of Business 175 FOUNTAINBLUE BLVD. SUITE 2-K MIAMI FL 33145		Mailing Address 1501 SW 16TH AVE SUITE 2-K MIAMI FL 33145 US	
2. Principal Place of Business 21 430 VALENCIA Suite, Apt. #, etc. 22 IS City & State 23 CORAL GABLES, FL Zip Country 24 33134 25 USA		2a. Mailing Address 26 430 VALENCIA Suite, Apt. #, etc. 27 IS City & State 28 CORAL GABLES, FL Zip Country 29 33134 30 USA	
9. Name and Address of Current Registered Agent PEREZ, BELEN 1501 SW 16 AVENUE MIAMI FL 33145		10. Name and Address of New Registered Agent 81 Name MELINDA SHEPARD 82 Street Address (P.O. Box Number is Not Acceptable) 430 VALENCIA #15 83 84 City CORAL GABLES FL 85 Zip Code 33134	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE  MELINDA SHEPARD 4/24/99 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PEREZ, EDUARDO 41 SEVILLA CORAL GABLES FL 33134 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHEPARD, MELINDA 9561 FOUNTAINBLEAU BLVD, SUITE 116 MIAMI FL 33172 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PVTSO 430 VALENCIA #15 CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  MELINDA SHEPARD 4/24/99 (305) 476-8894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0218096

CR2E034 (11/98)