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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P98000023519

1. Corporation Name

MILLENNIUM HEALTHCARE ACQUISITIONS I, INC.

Principal Place of Business Mailing Address						ISI MBESI OMSTE NOTES RATEN	HOUR CHUR DICKT IS	ADIA ADILI IDDI
1702 E TERRACE DR 1702 E TERRACE DR								
LAKE WORTH FL 33460 LAKE WORTH FL 33460					00.	IOT WRITE IN THIS	SDACE	
					3. Date Incorporated or		SPACE	
					03/09/1998	Zualifeu		į
District D	land of Physics and	2a. Mailing Address			4. FEI Number		Ann	lied For
2. Principal Place of Business 2a. Mailing Address					14. 7 2.1 14.11.00		<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 Ac	
27					5. Certificate of Status D	esired	Fee Req	uired
City & State	9	City & State			6. Election Campaign F	nancing	\$5.00 N	May Be
,,		28			Trust Fund Contributi	on	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owe	the current year In	tangible	_ '
]	25	29 30	<u>.                                    </u>		Personal Property Tax. Yes No			
Name and Address of Current Registered Agent					10. Name and Address	of New Registered	Agent	
			81	Name				
GUILLAMA, NOEL J				Street	Address (P.O. Box Number is No	t Acceptable)		
1702 E TERRACE DR			\		<del></del>			
LAK	E WORTH FL 33460		83	ļ				
	1 2	/ // , r	84	City			85 Zip Ci	ode
	/ _//			l		FL		lota-ad
11. Pursuant	to the provisions of Sections 607.0502 egistered beent, or both, in the State on m familiar with, and accept the objecti	and 647.1508, Florida Statutes, f Florida, Such change was auth	the above orized by	e-named the corpo	corporation submits this stateme pration's board of directors. I here	nt for the purpose of aby accept the appo	i changing its r sintment as reg	egistered istered
agent. I a	m familiar with, and accept the objecti	ons of Section 607.0505,/Florida	Statutes					
SIGNATURE	MI VIII	$MMV \sim -$				DATE		
	Signature, pleaser of primed name of Agistered agent OFFICERS AND	and the if applicable. (NOTE: Re	13.	nt signature r	equired when reinstating)  ADDITIONS/CHANGE		ND DIRECTOR	RS IN 12
III.		DELETE	1.1 TITLE		7,0011107107011111102	<u>5 75 61 715 216 7</u> 1	Change	Addition
IIILE	D HILDEBRAND, BONNIE		1,2 NAME					
	1702 E TERRACE DR			T ADDRESS	13320 WREVHAY	n court		
	LAVE WORTH EL ORAGO		1.4 CITY-ST-ZIP		WELLENGTON,	=L 33414	ł	
··· ST ZIP	D PELETE		2.1 TITLE	1 - 2.11	Ь		Change	Addition
_	GUILLAMA, NOEL J	-	2.2 NAME		FOUR STERNAER	ما		
ADDRESS	1702 E TERRACE DR		J	TADDRESS	13320 WRENHAW	, COURT		
·· ST-ZIP	LAKE WORTH FL 33460		2.4 CITY-5		WELLENGTON, F	- 33414		
·· 51-ZIP	"THE WORTH I'E 00400	[] DELETE	3.1 TITLE	<u> </u>	<u> </u>		Change	Addition
_			3.2 NAME		į			
·· I ADDRESS			3.3 STREE	TADDRESS				
ST ZIP			3.4. CITY-1	ST-ZIP		_		
		DELETE	4.1 TITLE				Change	☐ Addition
_			4, 2 NAME					
- I AUDRESS			4.3 STREE	T ADDRESS				
ST-ZIP	Ì		4.4 CITY-5					
		DELETE	5.1 TITLE				Change	☐ Addition
_			5.2 NAME		{			
	l			<b></b>	I			

5.4 CITY-ST-ZIP

Y-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STATEST ADDRESS

I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 13 if changed or on a rail

ADDRESS.

\_\_ I ADDRESS

ST ZIP

ST-ZIP

afiling does not d

DELETE

e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of and that my signature shall have the same legal effect as if made under oath; that I am an integritis report as required by Chapter 607, Florida Statutes; and that my name appears in

Change

Addition

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90223 001 \*\*\*150.00