

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10893

FILED
Feb 08, 2005
Secretary of State

Entity Name: MIL-LAKE HEALTH CARE CENTER INC.

Current Principal Place of Business:

4617 LAKE WORTH ROAD
LAKE WORTH, FL 33463

New Principal Place of Business:

4849 LAKE WORTH ROAD
GREENACRES, FL 33463

Current Mailing Address:

4617 LAKE WORTH ROAD
LAKE WORTH, FL 33463

New Mailing Address:

4849 LAKE WORTH ROAD
GREENACRES, FL 33463

FEI Number: 65-0208289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNING, DENISE
780 RANCH RD
WEST PALM BEACH, FL 33411 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: PVTS () Delete
Name: ABELLARD, DAVID MD
Address: 4617 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change () Addition
Name: ABELLARD, DAVID MD
Address: 4849 LAKE WORTH ROAD
City-St-Zip: GREENACRES, FL 33463

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: DAVID ABELLARD

MD

02/08/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date