

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10893

FILED  
Feb 07, 2011  
Secretary of State

**Entity Name:** MIL-LAKE HEALTH CARE CENTER INC.

**Current Principal Place of Business:**

4849 LAKE WORTH ROAD  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4849 LAKE WORTH ROAD  
GREENACRES, FL 33463

**New Mailing Address:**

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 LYONS 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

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID ABELLARD

P

02/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date