


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90162 030 ****50.00

DOCUMENT # L02000003346

1. Entity Name
MILLENNIUM HEALTH NETWORK, LLC



Principal Place of Business
**3440 HOLLYWOOD BLVD.
 SUITE 360
 HOLLYWOOD, FL 33021**

Mailing Address
**3440 HOLLYWOOD BLVD.
 SUITE 360
 HOLLYWOOD, FL 33021**

2. Principal Place of Business
2050 N.E. 163rd

3. Mailing Address
2050 N.E. 163rd

Suite, Apt. #, etc.

City & State
NORTH MIAMI BEACH, FL

City & State
NORTH MIAMI BEACH, FL

Zip
33162

Country
MIAMI-DADE

Zip
33162

Country
MIAMI-DADE



01282004 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0603940

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent-

**ROTH, LEONARDO A ESQ
 3440 HOLLYWOOD BLVD.
 SUITE 360
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name
MIGUEL GABER

Street Address (P.O. Box Number is Not Acceptable)
2050 N.E. 163rd

City
NORTH MIAMI BEACH FL

Zip Code
33162

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **MIGUEL GABER** **1-28-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANCATI, ALBERTO FIGUEROA ALCORTA 3029, 4TH FLOOR (1425) CAPITAL FEDERAL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIN, FERNANDO FIGUEROA ALCORTA 3029, 4TH FLOOR (1425) CAPITAL FEDERAL, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GASIDAYLE, NICOLAS FIGUEROA ALCORTA 3029 4TH F. CAPITAL FEDERAL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **ALBERTO RANCATI** **MGRM** **1-28-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #