

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000003346
 1. Entity Name
 MILLENNIUM HEALTH NETWORK, LLC



Principal Place of Business: 2050 N.E. 163 ST, NORTH MIAMI BEACH, FL 33162
 Mailing Address: 4831 NW 99 CT, MIAMI, FL 33178



01192006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0603940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARBEA, MIGUEL
 2050 N.E. 163 ST
 NORTH MIAMI BEACH, FL 33162

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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 _____
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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANCATI, ALBERTO FIGUEROA ALCORTA 3029, 4TH FLOOR (1425) CAPITAL FEDERAL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIN, FERNANDO FIGUEROA ALCORTA 3029, 4TH FLOOR (1425) CAPITAL FEDERAL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GASIBAYLE, NICOLAS FIGUEROA ALCORTA 3029 4TH FL CAPITAL FEDERAL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/22/06-80026-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* A. Rancati 02-07-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #