

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90277 028 ****50.00

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02192007 Chg-LLC CR2E083 (12/06)

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| 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 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent GARBER, MIGUEL 2050 N.E. 163 ST NORTH MIAMI BEACH, FL 33162 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 4. FEI Number 01-0603940 Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | 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 <input type="checkbox"/> Delete FIGUEROA ALCORTA 3029, 4TH FLOOR (1425) CAPITAL FEDERAL, | 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 <input type="checkbox"/> Delete FIGUEROA ALCORTA 3029, 4TH FLOOR (1425) CAPITAL FEDERAL, | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GASIBAYLE, NICOLAS <input type="checkbox"/> Delete FIGUEROA ALCORTA 3029 4TH FL CAPITAL FEDERAL, | 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 |
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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: <i>Alberto Rancati</i> | | Date: 2-20-07 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> | |