


FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90051 005 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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



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

50008563

DO NOT WRITE IN THIS SPACE



07082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 01-0603940	Applied For Not Applicable
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5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS ~~9538.75~~ \$138.75 **NOTICE NOT RECEIVED**
 Due by September 12, 2008

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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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 Pres.* *7-8-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #