

UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90307 043 ****50.00

DOCUMENT # L02000003346

1. Entity Name

MILLENNIUM HEALTH NETWORK, LLC



Principal Place of Business

Mailing Address

3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021

3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD FL 33021

00009406



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0603940

Applied For Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when relocating)

DATE

Handwritten signature of Leonardo A. Roth Esq and date 4-16-03

FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State. Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains entries for RANCATI, ALBERTO and MARIN, FERNANDO.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addit.

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Handwritten signature of Alberto Rancati

Rancati Alberto 78/3/03 954-722-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2310

Daytime Phone 4280

TOTAL P. 02