

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011164

1. Entity Name

PHY-MED MILLENUM MEDICAL, L.C.

Principal Place of Business

351 N.W. LEJEUNE ROAD, SUITE #105
MIAMI FL 33126

Mailing Address

351 N.W. LEJEUNE ROAD, SUITE #105
MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1044051

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRAND, CRAIG A ESQUIRE
BRAND & FERNANDEZ, P.A.
2 N.E. 40TH STREET, SUITE #403
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name Gustavo G. Leon
Street Address (P.O. Box Number is Not Acceptable)
1481 SW 56 St
City Miami FL Zip Code 33155

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.

SIGNATURE

Gustavo G. Leon MD
Signature, typed or printed name of registered agent and title if applicable.

Gustavo G. Leon MD
(NOTE: Registered Agent signature required when reinstating)

8/31/01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

200004602282--6
-09/20/01--01041--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D. Gustavo G. Leon</u> <u>1481 SW 56 St</u> <u>Miami FL 33155</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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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:

Gustavo G. Leon MD
Signature, typed or printed name of signing managing member, manager, or authorized representative Date 8/31/01 Daytime Phone # 202-990-2555

FILED

01 SEP -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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STAPLE CHECK HERE