

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011164

1. Entity Name

PHY-MED MILLENNIUM 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.

3. Mailing Address

P.O. Box 8666

Suite, Apt. #, etc.

City & State

Miami FL

Zip

Country

Zip 33255

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

LEON, GUSTAVO G
7481 S.W. 58TH STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name Leon, Gustavo G.

Street Address (P.O. Box Number is Not Acceptable)
7481 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

4/30/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-P LEON, GUSTAVO G 7481 SW 58TH ST. MIAMI FL 33155 | <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 | D-ST Antonio Barquet 351 NW Le Jeune Rd. #105 Miami FL 33155 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 |
| 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 |

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

4/30/02

(305) 262 9920

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

Date

Daytime Phone #

CR2E083 (9/01)

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-22-2002 90206 017 ****50.00



DO NOT WRITE IN THIS SPACE