


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90273 004 ****50.00

DOCUMENT # L00000011164	
1. Entity Name PHY-MED MILLENIUM MEDICAL, L.C.	

Principal Place of Business 351 N.W. LEJEUNE ROAD, SUITE #105 MIAMI FL 33126	Mailing Address PO BOX 8666 MIAMI FL 33255
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 65-1044051		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEON, GUSTANO G 7481 S.W. 56TH STREET MIAMI FL 33155		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEON, GUSTAVO G 7481 SW 56TH ST. MIAMI FL 33155	<input type="checkbox"/> Delete	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"/> Delete	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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #