

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000011164

**FILED**  
**Jan 31, 2007**  
**Secretary of State**

**Entity Name:** PHY-MED MILLENIUM MEDICAL, L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8666  
MIAMI, FL 33255

**New Mailing Address:**

**FEI Number:** 65-1044051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEON, GUSTANO G  
7481 S.W. 56TH STREET  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: D ( ) Delete  
Name: LEON, GUSTAVO G  
Address: 7481 SW 56TH ST.  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

Title: DR (X) Change ( ) Addition  
Name: LEON, GUSTAVO G  
Address: 7481 SW 56TH ST.  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 LEON

DR

01/31/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date