2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L00000011164

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 01/21/2009

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