

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90285 023 \*\*\*\*50.00

**DOCUMENT # L02000003346**

1. Entity Name  
**MILLENNIUM HEALTH NETWORK, LLC**



Principal Place of Business  
**2050 N.E. 163 ST  
NORTH MIAMI BEACH, FL 33162**

Mailing Address  
**2050 N.E. 163 ST  
NORTH MIAMI BEACH, FL 33162**

**20008227**

2. Principal Place of Business

3. Mailing Address

**4831 NW 99 Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005 Chg-LLC CR2E083 (10/03)



City & State

City & State  
**MIAMI, FL**

4. FEI Number  
**01-0603940**

Applied For  
Not Applicable

Zip

Country

Zip

**33178**

Country

**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARBEA, MIGUEL  
2050 N.E. 163 ST  
NORTH MIAMI BEACH, FL 33162**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
RANCATI, ALBERTO  
FIGUEROA ALCORTA 3029, 4TH FLOOR (1425)  
CAPITAL FEDERAL,**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MARIN, FERNANDO  
FIGUEROA ALCORTA 3029, 4TH FLOOR (1425)  
CAPITAL FEDERAL,**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GASIBAYLE, NICOLAS  
FIGUEROA ALCORTA 3029 4TH FL  
CAPITAL FEDERAL,**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:**

*[Signature]*

**A. RANCATI, MGRM**

**1-26-05**

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

Date

Daytime Phone #