

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

**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

4831 NW 99 CT  
MIAMI, FL 33178



01192006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0603940

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000429883  
02/22/06-80026-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*A. Rancati*  
A. Rancati

02-07-06

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

Date

Daytime Phone #