

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035059

**FILED**  
**Feb 28, 2008**  
**Secretary of State**

**Entity Name:** MILLENIUUM HEALTHCARE MANAGEMENT, LLC

**Current Principal Place of Business:**

1055 N.E. 125TH STREET  
MIAMI, FL 33161

**New Principal Place of Business:**

10800 BISCAYNE BLVD  
600  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

1055 N.E. 125TH STREET  
MIAMI, FL 33161

**New Mailing Address:**

10800 BISCAYNE BLVD  
600  
NORTH MIAMI, FL 33161

**FEI Number:** 06-1669076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHAEL I. BERNSTEIN, P.A.  
1688 MERIDIAN AVENUE  
SUITE #418  
MIAMI BEACH, FL 33139 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: MGR ( ) Delete  
Name: AKLEIN, AV  
Address: 1055 N.E. 125TH STREET  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AKLEIN, AV  
Address: 10800 BISCAYNE BLVD SUITE 600  
City-St-Zip: NORTH MIAMI, FL 33161

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: AV AKLEIN

MGR

02/28/2008

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