2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# L03000000878

Entity Name: MILLENNIUM MEDICAL, LLC

Current Principal Place of Business:

922 ILLINOIS AVE
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

922 ILLINOIS AVE
ST. CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 71-0922932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIERICKX, DARRYN
922 ILLINOIS AVE
ST. CLOUD, FL 34769 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/MEMBERS:

Title: MGRM ( ) Delete
Name: DIERICKX, DARRYN
Address: 922 ILLINOIS AVE
City-St-Zip: ST. CLOUD, FL 34769 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DIERICKX, DARRYN CEO
Address: 922 ILLINOIS AVE
City-St-Zip: ST. CLOUD, FL 34769 US

Title: MGR ( ) Change (X) Addition
Name: PICKENS, MEGAN B VICE PR
Address: 922 ILLINOIS AVE
City-St-Zip: ST. CLOUD, FL 34769

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARRYN T. DIERICKX CEO 02/22/2005

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