

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000088109

**Entity Name:** MELLENIUM HEALTHCARE, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2711 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2711 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:** 20-2004396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRACERO, PASQUAL  
2711 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744 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:** MD  
**Name:** BRACERO, PASQUAL  
**Address:** 2711 NORTH ORANGE BLOSSOM TRAIL  
**City-St-Zip:** KISSIMMEE, FL 34744

I hereby 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: PASQUAL BRACERO

MD

04/29/2011

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