


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90073 001 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000114543	
1. Entity Name MILLENNIUM MEDICAL CONSULTANTS LLC	

Principal Place of Business 1940 WEST BAY DRIVE SUITE 4 LARGO FL 33770	Mailing Address 1940 WEST BAY DRIVE SUITE 4 LARGO FL 33770
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/06)

4. FEI Number 20-3863783		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  LIJEWSKI, ALEXANDER P 1940 WEST BAY DRIVE SUITE 4 LARGO FL 33770		7. Name and Address of New Registered Agent Name LIJEWSKI, MARCIA Street Address (P.O. Box Number is Not Acceptable) 1940 WEST BAY DRIVE, Suite 4 City Largo FL Zip Code 33770	
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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 Marcia Lijewski DATE 7-25-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 6, 2006</b></p>	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIJEWSKI, ALEXANDER R 1940 WEST BAY DRIVE LARGO FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LIJEWSKI, MARCIA A 1940 WEST BAY DRIVE LARGO FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Marcia Lijewski DATE 7-25-06 727-585-3161

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