

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000120649

FILED
Oct 10, 2008
Secretary of State

Entity Name: MILLENNIUM MEDICAL MANAGEMENT, LLC

Current Principal Place of Business:

836 CENTURY MEDICAL DRIVE
TITUSVILLE, FL 32796

New Principal Place of Business:

8043 SPYGLASS HILL ROAD
SUITE 101
MELBOURNE, FL 32940

Current Mailing Address:

836 CENTURY MEDICAL DRIVE
TITUSVILLE, FL 32796

New Mailing Address:

8043 SPYGLASS HILL ROAD
SUITE 101
MELBOURNE, FL 32940

FEI Number: 20-8071005 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ
54 NE FOURTH AVE
DELRAY BEACH, FL 33483 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: JEFFREY COHEN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEUKMEDJIAN, ARA MD
Address: 3907 RAMBLING ACRES DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: MGR () Delete
Name: DEUKMEDJIAN, SUN
Address: 3907 RAMBLING ACRES DRIVE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUN DEUKMEDJIAN

MGR

10/10/2008

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