

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120649

FILED
Jul 23, 2009
Secretary of State

Entity Name: MILLENNIUM MEDICAL MANAGEMENT, LLC

Current Principal Place of Business:

8043 SPYGLASS HILL ROAD
SUITE 101
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

8043 SPYGLASS HILL ROAD
SUITE 101
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 20-8071005 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

LBA CERTIFIED PUBLIC ACCOUNTANTS, PA
501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202 US

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: NEAL VON STEIN

07/23/2009

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

MRG

07/23/2009

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