

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000001286

1. Entity Name
SECOND MILLENNIUM MEDICAL CENTER, L.L.C.



Principal Place of Business

1485 - 37TH STREET, SUITE 107
VERO BEACH, FL 32960

Mailing Address

1485 - 37TH STREET, SUITE 107
VERO BEACH, FL 32960



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0920755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JAMES A III
5070 NORTH HIGHWAY A-1-A
OAK POINT BUILDING, SUITE 200
VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WERNICKI, JOANNE W M.D.
STREET ADDRESS 11840 SEAVIEW DRIVE
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE MGRM
NAME SKAGGS, FRANCES S
STREET ADDRESS 3009 NASSAU DRIVE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE MGRM
NAME NORCONK, KATHLEEN J
STREET ADDRESS 2 STARFISH DRIVE
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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01/12/06-80011-014 50.00

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:

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

Date

Daytime Phone #

1-6-06 772-569-9745