

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN 14 AM 10:03

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10312008 REIN-LLC CR2E101 (1/07)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

JAMES A. TAYLOR, III

(NOTE: Registered Agent signature required when reinstating)

1/6/09

DATE

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2009, Fee will be \$377.50**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME 300137951303  
STREET ADDRESS 11/14/08--01056--013 \*\*243.75  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME REINSTATEMENT  
STREET ADDRESS 2008  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11-11-08 772-569-9745