

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001286

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** SECOND MILLENNIUM MEDICAL CENTER, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0920755

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WERNICKI, JOANNE W M.D.  
**Address:** 11840 SEAVIEW DRIVE  
**City-St-Zip:** VERO BEACH, FL 32963

**Title:** MGRM  
**Name:** SKAGGS, FRANCES S  
**Address:** 3009 NASSAU DRIVE  
**City-St-Zip:** VERO BEACH, FL 32960

**Title:** MGRM  
**Name:** NORCONK, KATHLEEN J  
**Address:** 2 STARFISH DRIVE  
**City-St-Zip:** VERO BEACH, FL 32960

I hereby 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:** JOANNE WERNICKI

MGRM

03/21/2012

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