

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011177

**Entity Name:** MILLENNIUM PHYSICIAN GROUP, LLC

**Current Principal Place of Business:**

19531 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

19531 COCHRAN BLVD  
PORT CHARLOTTE, FL 33948

**FEI Number: 26-2909414**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, DARRELL C  
101 EAST KENNEDY BLVD., SUITE 2800  
SHUMAKER, LOOP & KENDRICK, LLP  
TAMPA, FL 33602 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name FOX, BRIAN  
Address 19531 COCHRAN BLVD  
City-State-Zip: PORT CHARLOTTE FL 33948

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRIAN FOX**

**MGR**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date