

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011177

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC7309886182**

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

**Current Principal Place of Business:**

6321 DANIELS PARKWAY SUITE 201  
FORT MYERS, FL 33912

**Current Mailing Address:**

6321 DANIELS PARKWAY SUITE 201  
FORT MYERS, FL 33912 US

**FEI Number: 26-2909414**

**Certificate of Status Desired: No**

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

HOLMES, DAVID A.  
FARR LAW FIRM  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: DAVID A. HOLMES**

**03/12/2018**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	CEO
Name	FOX, BRIAN	Name	KEARNS, KEVIN
Address	6321 DANIELS PARKWAY SUITE 201	Address	6321 DANIELS PARKWAY SUITE 201
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912
Title	COO	Title	CFO, T
Name	MCKINLEY, ROY	Name	PAKROSNIS, JEFF
Address	6321 DANIELS PARKWAY SUITE 201	Address	6321 DANIELS PARKWAY SUITE 201
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912
Title	CAO		
Name	BRAY, ROBERT		
Address	6321 DANIELS PARKWAY SUITE 201		
City-State-Zip:	FORT MYERS FL 33912		

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BRIAN FOX**

**MANAGER**

**03/12/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date