

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000011177

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

08/25/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	FOX, BRIAN
Address	6321 DANIELS PARKWAY SUITE 201
City-State-Zip:	FORT MYERS FL 33912

Title	CEO
Name	KEARNS, KEVIN
Address	6321 DANIELS PARKWAY SUITE 201
City-State-Zip:	FORT MYERS FL 33912

Title	CHIEF ADMINISTRATIVE OFFICER
Name	BRAY, ROBERT
Address	6321 DANIELS PARKWAY SUITE 201
City-State-Zip:	FORT MYERS FL 33912

Title	T
Name	PAKROSNIS, JEFFREY A
Address	6321 DANIELS PARKWAY SUITE 201
City-State-Zip:	FORT MYERS FL 33912

Title	COO
Name	MCKINLEY, ROY
Address	6321 DANIELS PARKWAY SUITE 201
City-State-Zip:	FORT MYERS FL 33912

Title	CFO
Name	BISCARDI, JOSEPH
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**

08/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date