

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214532386

1.) CORPORATION NAME:

NEW MILLENNIUM HAND CLUB, INC.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEPHEN LEIBOVIC
2819 N PARHAM RD STE 100
RICHMOND, VA**

SCC ID NO: **04130969**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2819 N PARHAM RD STE 100

CITY/ST/ZIP: RICHMOND, VA 23294

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS W WRIGHT OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: JHM HEALTH CTR UNIV OF FL DEPT OF ORTHO
CITY/ST/ZIP/CO: BOX 100246
GAINESVILLE, FL 32610

NAME: STEPHEN 23294 LEIBOVIC OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 2819 N PARHAM RD STE 100
CITY/ST/ZIP/CO: RICHMOND, VA 23294

NAME: STEVEN TRIGG OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 4500 SAND PABLO RD
CITY/ST/ZIP/CO: JACKSONVILLE, FL 32224

NAME: JOHN MC AULIFFE OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: CLEVELAND CLINIC FLORIDA
2950 CLEVELAND CLINIC BLVD
CITY/ST/ZIP/CO: WESTON, FL 33331

NAME: T GREG SOMMERKAMP OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: HAND SURG SPEC OF NORTHERN KY
20 MEDICAL VILL DR STE 177
CITY/ST/ZIP/CO: EDGEWOOD, KY 41017

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STEPHEN 23294 LEIBOVIC
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

STEPHEN 23294 LEIBOVIC,
TREASURER
PRINTED NAME AND CORPORATE
TITLE

6/23/2014
DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.