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(Re	questor's Name)	
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PICK-UP	TIAW [MAJL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DR. JOSE R. GONZALEZ-SEPULVEDA, M.D. LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY POLLAK	•	
(Name of Person)	05 DEC SECRE	· _
(Firm/Company)		
1157 SOUTH S.R. #7	A A	8
(Address)	9: 42 STATE OHIDA	
WELLINGTON, FL 33414	<u>.</u>	
(City/State and Zip Code)	4 7 41-2	:

For further information concerning this matter, please call:

ANTHONY POLLAK at (561) 795-3330
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2005

ANTHONY POLLAK 1157 SOUTH S.R. #7 WELLINGTON, FL 33414

SUBJECT: DR. JOSE R. GONZALEZ-SEPULVEDA, M.D. LLC

Ref. Number: L04000052587

We have received your document for DR. JOSE R. GONZALEZ-SEPULVEDA, M.D. LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 005A00068792

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR. JOSE R. GONZALEZ - SEPULVEDA, M.D. LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 07/15/2004 and assigned document number L04000052587	SECRETAR TALLAHASS
SECOND:	This amendment is submitted to amend the following:	교육 교육
	NAME CHANGE TO: WELLINGTON MEDICAL ASSOCIATES, L	
	ADDRESS CHANGE TO: 12953 PALMS WEST DRIVE, #202	-
	LOXAHATCHEE, FL 3347D	
	REGISTERED AGENT TO: ANTHONY POLLAR 1157 SOUTH S.R # 7	
	WELLINGTON, FL 3341	¥
		<u>.</u>
Dated	1/1/105 A. A.	•
	Signature of a member of authorized representative of a member	
	DR. JOSE R. GONZALEZ - SEPULVEDA Typed or printed name of signee	

Filing Fee: \$25.00

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: Registered Agent L04000052587 SECRETARY OF STATE

To Whom It May Concern:

Grothery Pellel

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Sincerely,

Anthony Pollak