

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111011

Entity Name: WELLINGTON OFFICE PARTNERS, LLC**Current Principal Place of Business:**3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449**Current Mailing Address:**3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 US**FEI Number:** 26-1357218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BHATTI, SAGHIR
3347 STATE ROAD 7
SUITE 203
WELLINGTON, FL 33449 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:** SAGHIR BHATTI

03/28/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name VEDERE, AMARNATH M.D.
Address 3347 STATE ROAD 7 SUITE 203
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name FOUCAULD, JEAN M.D.
Address 3347 STATE ROAD 7 SUITE 203
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name VENUGOPAL, CHANDRA M.D.
Address 3347 STATE ROAD 7 SUITE 203
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name SHAH, NEERAV M.D.
Address 3347 STATE ROAD 7 SUITE 203
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name HERNANDEZ, ELIEZER M.D.
Address 3347 STATE ROAD 7 SUITE 203
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name BALDARI, DUCCIO MD
Address 3347 STATE ROAD 7
SUITE 203
City-State-Zip: WELLINGTON FL 33449

Title MGRM
Name ANGLADE, MOISE MD
Address 3347 STATE ROAD 7
SUITE 203
City-State-Zip: WELLINGTON FL 33449

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: CHANDRA VENUGOPAL

MGRM

03/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date