

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90364 041 ****50.00

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DOCUMENT # L04000057276 1. Entity Name WELLINGTON EMERGENCY PHYSICIAN ASSOCIATES, LLC					
Principal Place of Business 9229 LBJ FREEWAY SUITE 250 DALLAS, TX 75243			Mailing Address 9229 LBJ FREEWAY SUITE 250 DALLAS, TX 75243		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1441098	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEAN MEAD SERVICES, LLC 800 NROTH MAGNOLIA AVE. SUITE 1500 ORLANDO, FL 32803				Name Street Address (P.O. Box Number is Not Acceptable) 800 NORTH MAGNOLIA AVENUE SUITE 1500 City ORLANDO FL Zip Code 32803	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM MEDICAL EDGE HEALTHCARE GROUP, INC. 9229 LBJ FREEWAY, SUITE 250 DALLAS, TEXAS 75243	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					