

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097351

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** EMERGENCY SPECIALISTS OF WELLINGTON, LLC

**Current Principal Place of Business:**

9229 LBJ FREEWAY, SUITE 250  
DALLAS, TX 75243

**New Principal Place of Business:**

**Current Mailing Address:**

9229 LBJ FREEWAY, SUITE 250  
DALLAS, TX 75243

**New Mailing Address:**

**FEI Number:** 20-3568056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEAN MEAD SERVICES, LLC  
800 NORTH MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MEDICAL EDGE HEALTHC, ARE GROUP  
Address: 9229 LBJ FREEWAY  
City-St-Zip: DALLAS, TX 75243

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MEDICAL EDGE HEALTHC, ARE GROUP, INC .  
Address: 9229 LBJ FREEWAY  
City-St-Zip: DALLAS, TX 75243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAVE RENDON

MGRM

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date