2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 29, 2008 08:00 AM Secretary of State

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1. Entity Name

EMERGENCY SPECIALISTS OF WELLINGTON, LLC



Principal Place of Business

SIGNATURE:

9229 LBJ FREEWAY, SUITE 250 DALLAS, TX 75243

Mailing Address

9229 LBJ FREEWAY, SUITE 250 DALLAS, TX 75243



04162008 No Chg-LLC

CR2E083 (12/07)

	 Additional
20-3568056	Not Applicable
, FEI Number	 Applied For

23/2008
Daytene Phone •

5. Certificate of Status Desired

Fee Required

6.	Name	and	Address	of	Current	Registered	Agen	

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

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	named entity submits this statement for the purpose of changions of registered agent.	ging its registered	d office or re	gistered a	agent, or both, in	the State of Flor	ida. I am familiar	with, and accept
SIGNATURE.								
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered	Agent signature	required when	-		<u>∩a9⁴⁵545</u>	
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		,			05/22/08	-80051-00	7 138.75
9.	MANAGING MEMBERS/MANAGERS			,				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDICAL EDGE HEALTHCARE GROUP, INC. 9229 LBJ FREEWAY DALLAS, TX 75243			 l		•		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 1 am a managing member or manager of the limited liability company or the receiver of vustee empowered to execute this report as required by Chapter 608, Florida Statutes.								

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE