# Los Electronic Filing Cover Sheet

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(((H11000143953 3)))



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Division of Corporations

Fax Number

: (850)617-6383

\*RE-SUBMIT\*

From:

Account Name

: C T CORPORATIO

Account Number : FCA000000023

Phone

(850)222-1092

Fax Number

(850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:
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DIT JUN -1 AM IDE

### LLC REGISTERED AGENT CHANGE EMERGENCY SPECIALISTS OF WELLINGTON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03/25
Estimated Charge	\$25.00

C. LEWIS

JUN 6 2011

**EXAMINER** 

RECEIVED 11 JUN -3 AM 10: 55 SECRETARY UF STATE ALLAHASSEC FLORIDA

June 3, 2011

FLORIDA DEPARTMENT OF STATE

EMERGENCY SPECIALISTS OF WELLINGTON, LLC
9229 LBJ FREEWAY
DALLAS, TX 75243

SUBJECT: EMERGENCY SPECIALISTS OF WELLINGTON, LLC

REF: L05000097351

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis FAX Aud. #: H11000143953
Regulatory Specialist II Letter Number: 911A00013477

Registration/Qualification Section



June 2, 2011

#### FLORIDA DEPARTMENT OF STATE

EMERGENCY SPECIALISTS OF WELLINGTON, LLC 9229 LBJ FREEWAY DALLAS, TX 75243

SUBJECT: EMERGENCY SPECIALISTS OF WELLINGTON, LLC

REF: L05000097351

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6047.

FAX Aud. #: H11000143953 Carolyn Lewis Letter Number: 911A00013477 Regulatory Specialist II

Registration/Qualification Section

#### COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emergency Specialists of Welling	aton, Lu
Dear Sir or Madarn:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	I for filing.
Please return all correspondence concerning this matter to the following:	
David Singley Name of Person	
Emergency Specialists of Wellington, LLC	٠
9330 Amberton Pkuy, Ste. 2300	
Oallas, TK 75243  City/State and Zip Code	
dsingley e psrive. net  E-mail sedress) (to be used for future annual report notification)  For further information concerning this matter, please call:	
Susan Martin at (214) 860-6009  Name of Person Area Code & Daytime Telephone	: Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	· . ·

☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

•	
1. Name of the limited liability company: Errerger	by Specialists of Wellington, LLC
2. (a) Principal office address of limited liability compa	- 1
(Note: MUST BE STREET ADDRESS)	Dallas, TX 75243
(b) Mailing address of limited liability company:	9330 Amberton Pkny, Ste. 230
(Note: MAY BE POST OFFICE BOX)	Dallas, TX 75243
10/03/05	L0500097351
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	Dean Mead Services, U.C.
Registered Office Address:	800 North Magnolia Ave Ste 1500 Orlando, FL 32803
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: CT Corporation System
NEW Registered Office Address:	1200 South Pine Island Road
MUST BE FLORIDA STREET ADDRESS)	Plantation ,FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider iability company, it is hereby confirmed that the change(in the members of the limited liability company or as other operating agreement of the limited liability company or as other ignature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
The state of the s	
Printed or typed name of signed	<del>-</del>
I hereby accept the appointment as registered agent and to omply with the provisions of all statutes relative to the prince I am familiar with and accept the present the provision of all statutes relative to the prince I am familiar with and accept the provision of the control of the control of the limited liability companies. I hereby confirm that the limited liability companies a corporation as a second Secretary conformation.	agree to act in this capacity. I further agree to oper and complete performance of my auties, osition as registered agent as provided for in error erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Agent	た
Division of Corporations, P.O. Box 63 FILING FEE: \$	
NHS18 (05/08)	To E