


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90061 033 ****50.00

DOCUMENT # L05000103155 1. Entity Name WELLINGTON MEDICAL ASSOCIATES, LLC					
Principal Place of Business 12953 SOUTHERN BOULEVARD SUITE 202 LOXAHATCHEE, FL 33470 US			Mailing Address 1157 SOUTH S.R. # 7 WELLINGTON, FL 33414 US		
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 80-0119159	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANTHONY, POLLAK 1157 SOUTH S.R. #7 WELLINGTON, FL 33414			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 		
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KANURI, RAMAKRISHNA P 1157 SOUTH S.R. #7 WELLINGTON, FL 33414 <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		
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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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		
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 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: <i>Anthony Pollak</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		1-11-2006 <small>Date</small>		561 795-3320 <small>Daytime Phone #</small>	