

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081068

FILED
Apr 09, 2009
Secretary of State

Entity Name: WELLINGTON MEDICAL CARE ASSOCIATES, LLC

Current Principal Place of Business:

12953 PALMS WEST DRIVE
SUITE # 202
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

12953 PALMS WEST DRIVE
SUITE # 202
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 20-5385125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLAK, ANTHONY
1157 SOUTH SR #7
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

NAM, PEDRO
12953 PALMS WEST DRIVE
SUITE # 202
LOXAHATCHEE, FL 33470 US

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: PEDRO NAM

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZ, JOSE R
Address: 12953 PALMS WEST DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM () Delete
Name: NAM, PEDRO
Address: 12953 PALMS WEST DRIVE
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PEDRO NAM

MGR

04/09/2009

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