

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000026923

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL CENTERS OF WELLINGTON, LLC

**Current Principal Place of Business:**

2060 DARTMOUTH AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

2060 DARTMOUTH AVENUE NORTH  
ST. PETERSBURG, FL 33713 US

**New Mailing Address:**

**FEI Number:** 26-2277779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOAR, LACY  
7240 SW 58TH ST  
MIAMI, FL 33143 US

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

LOAR, LACY  
2060 DARTMOUTH AVE NORTH  
ST. PETERSBURG, FL 33713 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:

02/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BUSINESS SOLUTIONS ADVISORS, INC.  
**Address:** 2060 DARTMOUTH AVENUE NORTH  
**City-St-Zip:** ST. PETERSBURG, FL 33713

I hereby 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: LACY LOAR

MGR

02/08/2011

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