

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071694

Entity Name: WEP HOLDINGS, LLC

FILED  
Feb 12, 2009  
Secretary of State

## Current Principal Place of Business:

C/O WACHUSETT EMERGENCY PHYSICIANS, P.C.  
LEOMINSTER HOSPITAL, HOSPITAL ROAD  
LEOMINSTER, MA 01453

## New Principal Place of Business:

## Current Mailing Address:

C/O WACHUSETT EMERGENCY PHYSICIANS, P.C.  
LEOMINSTER HOSPITAL, HOSPITAL ROAD  
LEOMINSTER, MA 01453

## New Mailing Address:

FEI Number: 26-3125843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FRENIERE, RICHARD  
Address: 8 CAMELOT DRIVE  
City-St-Zip: PAXTON, MA 01612

Title: MGR ( ) Delete  
Name: YEH, BERHAN  
Address: 285 PICNIC STREET  
City-St-Zip: BOXBORO, MA 01719

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FRENIERE, RICHARD  
Address: 5 CAMELOT DRIVE  
City-St-Zip: PAXTON, MA 01612

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: RICHARD J FRENIERE

MGR

02/12/2009

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