

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071694

Entity Name: WEP HOLDINGS, LLC

FILED
Mar 20, 2012
Secretary of State

Current Principal Place of Business:

C/O WACHUSETT EMERGENCY PHYSICIANS, P.C.
LEOMINSTER HOSPITAL, 60 HOSPITAL ROAD
LEOMINSTER, MA 01453

New Principal Place of Business:

Current Mailing Address:

C/O WACHUSETT EMERGENCY PHYSICIANS, P.C.
LEOMINSTER HOSPITAL, 60 HOSPITAL ROAD
LEOMINSTER, MA 01453

New Mailing Address:

C/O WACHUSETT EMERGENCY PHYSICIANS, P.C.
LEOMINSTER HOSPITAL, 60 HOSPITAL ROAD
LEOMINSTER, MA 01453

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
Name: RYAN, BONNIE
Address: 24 MOORE LANE
City-St-Zip: NORTHBOROUGH, MA 01532

Title: MGR
Name: LATIMER, JOHN
Address: 241 GREEN ROAD
City-St-Zip: BOLTON, MA 01740

Title: MGR
Name: RICH, LILLIAN
Address: 19 OLD HICKORY PATH
City-St-Zip: WESTBOROUGH, MA 01581

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: BONNIE RYAN

MGR

03/20/2012

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