

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057559

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** NEW BEGINNINGS MEDICAL OF WELLINGTON LLC

**Current Principal Place of Business:**

1035 STATE RD 7  
SUITE 211  
WELLINGTON, FL

**New Principal Place of Business:**

2101 VISTA PKWY  
WPB, FL 33411

**Current Mailing Address:**

264 PEACOCK BLVD  
SUITE 103  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 27-2753459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANSEN, ROBERT T  
264 PEACOCK BLVD  
SUITE 103  
PORT ST LUCIE, FL 34986 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: MGRM  
Name: HANSEN, ROBERT T  
Address: 264 PEACOCK BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGRM  
Name: HANSEN, JOLYNN  
Address: 264 PEACOCK BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986

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: ROBERT T. HANSEN

PRES

04/26/2011

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