

L12000151667

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H120002801073)))



H120002801073ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
WELLINGTON INPATIENT SPECIALISTS, LLC PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

C. LEWIS

DEC -5 2012

EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 Nov 29 AM 9:19
11/29



November 30, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: WELLINGTON INPATIENT SPECIALISTS, PLLC
REF: W12000059677

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H12000280107
Letter Number: 812A00028476

P.O BOX 6327 - Tallahassee, Florida 32314

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellington InPatient Specialists, PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stockton Clemens

Name of Person

Mediserv Medical Information Services, Ltd.

Firm/Company

6300 Ridgely Place, Suite 201

Address

Port Worth, Texas 76116

City/State and Zip Code

sclemens@mediservltd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stockton Clemens

817

563-3620

at ()

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wellington InPatient Specialists, PLLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Purpose

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

950 Peninsula Corporate Circle Suite
2000 Boca Raton
Florida 33487

Mailing Address:

12700 Park Central Drive
Suite 900
Dallas, Texas 75251

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

C T Corporation System

By: Connie Bryan
Registered Agent's Signature (REQUIRED)

Connie Bryan

Assistant Secretary

(CONTINUED)

Page 1 of 2

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DIVISION OF CORPORATIONS
2012 Nov 29 AM 9:19

2012 Nov 29 AM 9:19

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

David M. Soria, MD

12700 Park Central Drive, Suite 900

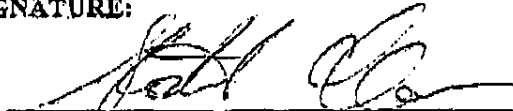
Dallas, Texas 75251

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Stockton Clemons

Typed or printed name of signer

Filing Fees

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Attachment to Articles of Organization of Wellington InPatient Specialists, PLLC:

The business purpose of the Wellington InPatient Specialists, PLLC is intentionally limited to the provision of physician services.