

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000467

1. Entity Name
WELLINGTON MEDICAL TECHNOLOGIES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business

~~8782 RIVERFRONT TERRACE~~
JUPITER FL 33469

Mailing Address

8782 RIVERFRONT TERRACE
JUPITER FL 33469-1813



2. Principal Place of Business

12989 SOUTHERN BLVD

3. Mailing Address

8782 RIVERFRONT TERRACE

Suite, Apt. #, etc.

BLDG 3, SUITE 201

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

JUPITER, FL

DO NOT WRITE IN THIS SPACE

65-0954671

4. FEI Number

65-0954671

Applied For

Not Applicable

Zip

33470

Zip

33469

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: ROBERT STILLEY
WELLINGTON MEDICAL TECHNOLOGIES, LLC
Street Address (P.O. Box Number is Not Acceptable): 8782 RIVERFRONT TERRACE
City: TEQUESTA FL Zip Code: 33469

8. 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

[Signature]

RJ Stilley MGR

5-1-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NO.

600003327066-5

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

600003327066-5

07/18/00-01086-021

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE: MGRM
NAME: HEART CARE IMAGING, LLC
STREET ADDRESS: 8732 RIVERFRONT TERRACE
CITY-ST-ZIP: JUPITER FL 33469 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: MEMBER
NAME: CARDIOLOGY PARTNERS
STREET ADDRESS: OF THE PALM BEACHES
CITY-ST-ZIP: 12989 SOUTHERN BLVD.
BLDG 3, SUITE 201
LOXAHATCHEE, FL 3 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

[Signature] RJ Stilley

Date

Daytime Phone #

5-1-2000

CR2E013 (9/99)