

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90049 021 *****50.00

DOCUMENT # M99000000467

1. Entity Name

WELLINGTON MEDICAL TECHNOLOGIES, LLC

Principal Place of Business

~~12900 SOUTHERN BLVD. BLDG. 3~~
~~SUITE 201~~
~~LOXAHATCHEE FL 33470~~

Mailing Address

8782 RIVERFRONT TERRACE
JUPITER FL 33469

2. Principal Place of Business

12953 PALMS WEST DR.

3. Mailing Address

725 NORTH A1A

Suite, Apt. #, etc.

SUITE 102

Suite, Apt. #, etc.

SUITE B105

City & State

LOXAHATCHEE FL

City & State

JUPITER FL

Zip

33470

Country

Zip

33477

Country

4. FEI Number

65-0954671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBERT STILLEY

~~8782 RIVERFRONT TERRACE~~
~~JUPITER FL 33469~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

725 NORTH A1A

SUITE B105

City

JUPITER

FL

33477

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

MGRM
HEART CARE IMAGING, LLC
~~8782 RIVERFRONT TERRACE~~
~~JUPITER FL 33469~~

TITLE ☐ Delete

MGRM
WELLINGTON MEDICAL TECHNOLOGIES LLC
12953 PALMS WEST DR., SUITE 102
LOXAHATCHEE FL 33470

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition

725 NORTH A1A, SUITE B105
JUPITER, FLORIDA 33477

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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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 REQUIRED

1-18-2002 201-746-6125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)