

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000467

FILED
Mar 04, 2005
Secretary of State

Entity Name: WELLINGTON MEDICAL TECHNOLOGIES, LLC

Current Principal Place of Business:

12953 PALMS WEST DRIVE
SUITE 102
LOXAHATCHEE, FL 33470

New Principal Place of Business:

1301 SOUTH MAIN ST.
BELLE GLADE, FL 33414

Current Mailing Address:

725 NORTH A1A
SUITE B105
JUPITER, FL 33477

New Mailing Address:

FEI Number: 65-0954671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILLEY, ROBERT J
725 NORTH A1A
SUITE B105
JUPITER, FL 33477 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/MEMBERS:

Title: MGRM () Delete
Name: HEART CARE IMAGING., LLC
Address: 725 NORTH A1A, SUITE B105
City-St-Zip: JUPITER, FL 33477

Title: MGRM () Delete
Name: WELLINGTON MEDICAL T, ECHNOLOGIES LL C
Address: 12953 PALMS WEST DR., SUITE 102
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 J. STILLEY

PRES

03/04/2005

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