

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 17, 2001 08:00 AM****Secretary of State****DOCUMENT # M99000001406****1. Entity Name**
WELLINGTON HEALTHCARE MANAGEMENT, L.L.C.

Principal Place of Business 700 OLD ROSWELL LAKES PARKWAY, SUITE 300 ROSWELL GA 30076	Mailing Address 700 OLD ROSWELL LAKES PARKWAY, SUITE 300 ROSWELL GA 30076
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2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
58-2483921Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US

Name

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

City FL Zip Code

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** **01/17/2001**
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**9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLINGTON HEALTHCARE SERVICES, L.L.C. 700 OLD ROSWELL LAKES PARKWAY, SUITE 300 ROSWELL GA 30076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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:** Philip Rees **Secr** **01/17/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)