

W
Wellington

M99000001407

August 17, 1999

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


To whom it may concern:

100002967431--3
-08/24/99--01003--011
****346.25 ****346.25

Attached are the appropriate documents to register Wellington HealthCare Services, L.L.C., a foreign limited liability company to transact business in Florida. I have submitted a check in the amount of \$346.25 to cover filing fee for Application and Affidavit, fee for designation of Registered Agent, fee for certified copy and a fee for the Certificate of Status. In understand that a letter of acknowledgment will be issued free of charge upon registration.

If you have any questions or need additional information please do not hesitate to call.

Sincerely,


Philip M. Rees
General Counsel

PMR:hr

Enc.

FILED
SEP -9 PM 2:22
TALLAHASSEE, FLORIDA

M99-1407

Name	Wellington HealthCare Services, L.L.C.
Availability	Available
Agent	CP
Examiner	CP
Recorder	CP
Updater	CP
Verifier	CP
Acknowledgment	CP
W. P. Verifier	CP



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 1, 1999

PHILIP REES
700 OLD ROSWELL LAKES PARKWAY, SUITE 300
ROSWELL, GA 30076

SUBJECT: WELLINGTON HEALTHCARE SERVICES, L.L.C.
Ref. Number: W99000020302

We have received your document for WELLINGTON HEALTHCARE SERVICES, L.L.C. and your check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The individuals listed in part 8 of the application must be titled manager or managing member.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 499A00043561

FILED
99 SEP -9 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

- Wellington Healthcare Services, L.L.C.
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
- Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)
- 58-2467951
(FEI number, if applicable)
- 6-1-99
(Date of Organization)
- 2019
(Duration: Year limited liability company will cease to exist or "perpetual")
- Hasn't yet
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
- 700 Old Roswell Lakes Parkway, Suite 300
Roswell, Georgia 30076
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
James J. Andrews	Manager (MGR)		
700 Old Roswell Lakes Pkwy. #300			
Roswell, GA 30076			
Philip M. Rees	Manager (MGR)		
700 Old Roswell Lakes Pkwy #300			
Roswell, GA 30076			
Kerry Emrick	Manager (MGR)		
700 Old Roswell Lakes Pkwy #300			
Roswell, GA 30076			

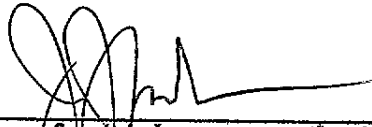
FILED
99 SEP -9 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of Wellington
Healthcare Services, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$1,000;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ N/A;
(A description of the property is attached and made a part hereto.)
and
- 4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$1,000.
(This total includes amounts from 2 and 3 above.)



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

James Jeffrey Andrews

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP -9 PM 2:22

FILED

Filing Fee: \$250.00 for Application and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Wellington Healthcare Services, L.L.C.

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

CT Corporation System
(Name)

1200 South Pine Island Road
Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation, FL 33324
City/State/Zip

FILED
99 SEP -9 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Mary R. Adams
(Signature)
MARY R. ADAMS
ASSISTANT SECRETARY

Filing Fee: \$ 35 for Designation of Registered Agent

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92250064
CONTROL NUMBER : K919980
DATE INC/AUTH/FILED: 03/13/1999
JURISDICTION : GEORGIA
PRINT DATE : 08/13/1999
FORM NUMBER : 211

WELLINGTON HEALTHCARE SERVICES, L.L.C.
ATTN: HEATHER B. REES
700 OLD ROSWELL LAKES PKWY STE 300
ROSWELL, GA 30076

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WELLINGTON HEALTHCARE SERVICES, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State