

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001408

1. Entity Name

WELLINGTON HEALTHCARE PROPERTIES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 14 PM 12:20

Principal Place of Business Mailing Address  
700 OLD ROSWELL LAKES PARKWAY, SUITE 300 700 OLD ROSWELL LAKES PARKWAY, SUITE 300  
ROSWELL GA 30076 ROSWELL GA 30076-1612

2. Principal Place of Business 3. Mailing Address  
Same Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 58-2483913 Applied For Not Applicable  
Zip Country Zip Country 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 ROAD  
PLANTATION FL 33324

Name Same  
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

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003148914-5 -02/28/00-01019-023 ****150.00 ****50.00	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)