2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # G08369

WELLINGTON REGIONAL MEDICAL CENTER. **INCORPORATED**

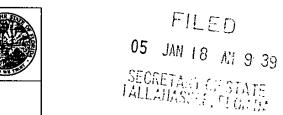
Principal Place of Business 10101 FOREST HILL BLVD

WEST PALM BEACH, FL 33414

Mailing Address

367 S GULPH ROAD PO BOX 61558

KING OF PRUSSIA, PA 19406-0958 US





01042005

No Chg-P

CR2E034 (10/03)

4. FEI Number 23-2306491 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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	ations of registered agent.	outpose of changing its registe	red onice of t	egistered agent, or oc	ANI, III IIIG SIGIE OFFICIOGA. T ANTI-ABBIIIGI WIDI, AND AC	Сері
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Register	ed Agent signatur	e required when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 May 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	0. OFFICERS AND DIRECTORS					

10.	OFFICERS AND DIRECTORS
TITLE -	PD
NAME -	MILLER, ALAN B
STREET ADDRESS	367 S. GULPH ROAD
CITY-ST-ZIP	KING OF PRUSSIA, PA
TITLE	S
NAME	GILBERT, BRUCE R.
STREET ADDRESS	367 S. GULPH ROAD
CITY-ST-ZIP	KING OF PRUSSIA, PA
TITLE	VD
NAME	FRENCH, O. EDWIN
STREET ADDRESS	367 S. GULPH ROAD
CITY-ST-ZIP	KING OF PRUSSIA, PA
TITLE	VTD
NAME	FILTON, STEVE
STREET ADDRESS	367 S. GULPH ROAD
CITY-ST-ZIP	KING OF PRUSSIA, PA
TITLE	1
NAME	
STREET ADORESS	
CITY-ST-ZiP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: