

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G08369

1. Entity Name  
WELLINGTON REGIONAL MEDICAL CENTER,  
INCORPORATED



Principal Place of Business  
10101 FOREST HILL BLVD  
WEST PALM BEACH, FL 33414 US

Mailing Address  
367 S GULPH ROAD  
PO BOX 61558  
KING OF PRUSSIA, PA 19406-0958 US

FILED  
05 JAN 18 AM 9 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #