## 2007 POR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # G08369

WELLINGTON REGIONAL MEDICAL CENTER,

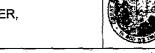
**INCORPORATED** 

Principal Place of Business

10101 FOREST HILL BLVD WEST PALM BEACH, FL 33414 US



**FILED** Jan 24, 2007 08:00 A Secretary of State



Mailing Address

367 S GULPH ROAD PO BOX 61558

KING OF PRUSSIA, PA 19406-0958 US



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				01082007	No Chg-P	CR2E03	<u> </u>
DO NOT WRITE IN THIS SPA			4. FEI Number Applied For 23-2306491 Not Applicable				
			5. Certificate of Status Desired Security Securi				
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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			scing \$5.	.00 May Be ed to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, ALAN B 367 S. GULPH ROAD KING OF PRUSSIA, PA	1 F1 10-2			UCOCC 01/26/07	06 <b>0</b> 039 '-8 <b>00</b> 08	1 -004 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SD GILBERT, BRUCE R 367 S. GULPH ROAD KING OF PRUSSIA, PA						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, MARC D 367 S, GULPH ROAD KING OF PRUSSIA, PA 19406			DO	NOT W	RITE	The property of the control of the c
nile Name Street Address City-St-Zip	VTD FILTON, STEVE 367 S. GULPH ROAD KING OF PRUSSIA, PA			IN T	'HIS SF	ACE	
TITLE				a a constraint	•		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions confained in Chapter 119, 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 trusted 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:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP