


**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # G08369 1. Entity Name WELLINGTON REGIONAL MEDICAL CENTER, INCORPORATED	
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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
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2306491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added 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
TITLE NAME STREET ADDRESS CITY-ST-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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FILTON, STEVE 367 S. GULPH ROAD KING OF PRUSSIA, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/26/07-80008-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* *Bruce R Gilbert* 1/10/07 6102683300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #