

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G08369

FILED
Apr 13, 2009
Secretary of State

Entity Name: WELLINGTON REGIONAL MEDICAL CENTER, INCORPORATED

Current Principal Place of Business:

10101 FOREST HILL BLVD
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

367 S GULPH ROAD
PO BOX 61558
KING OF PRUSSIA, PA 194060958 US

New Mailing Address:

FEI Number: 23-2306491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLER, ALAN B
Address: 367 S. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA

Title: S () Delete
Name: BRUNNER, GEORGE JR.
Address: 367 S. GULPH RD.
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: V () Delete
Name: MILLER, MARC D
Address: 367 S. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: VTD (X) Delete
Name: FILTON, STEVE
Address: 367 S. GULPH ROAD
City-St-Zip: KING OF PRUSSIA, PA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALAN
Address: 367 S GULPH RD
City-St-Zip: KING OF PRUSSIA, PA 19406 US

Title: S (X) Change () Addition
Name: GEORGE
Address: 367 S GULPH RD
City-St-Zip: KING OF PRUSSIA, PA 19406 US

Title: V (X) Change () Addition
Name: STEVE
Address: 367 S GULPH RD
City-St-Zip: KING OF PRUSSIA, PA 19406 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE H BRUNNER JR

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04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date