

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # M95761

1. Entity Name
WELLINGTON RADIOLOGY ASSOCIATES, P.A.



Principal Place of Business
18990 SE COUNTY LINE ROAD
TEQUESTA, FL 33469 US

Mailing Address
18990 SE COUNTY LINE ROAD
TEQUESTA, FL 33469 US



04182004 No Chg-P CR2E034 (10/03)

4. FBI Number
65-0078363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HILLMANN, JEFFREY S
18990 SE COUNTY LINE ROAD
TEQUESTA, FL 33469

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HILLMANN, JEFFREY S MD
18990 SE COUNTY LINE ROAD
TEQUESTA, FL 33469

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000121811
04/21/04-80004-002 150.00

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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 19.07(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:

Jeffrey S Hillmann **JEFFREY S HILLMANN** 4/14/04 772-7726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone