2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N16087

Entity Name: THE FRIENDS OF WELLINGTON REGIONAL MEDICAL CENTER, INC.

Current Principal Place of Business:

10101 FOREST HILL BLVD.
P O BOX 024627
WEST PALM BCH, FL 33414 US

New Principal Place of Business:

10101 FOREST HILL BLVD.
WEST PALM BCH, FL 33414 US

Current Mailing Address:

10101 FOREST HILL BLVD.
P O BOX 024627
WEST PALM BCH, FL 33414 US

New Mailing Address:

367 S. GULPH RD
KING OF PRUSSIA, PA 19406 US

FEI Number: 59-2691253 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TUCCINARDI, NANCY
Address: 1350 P FOUNTAIN VIEW BLVD.
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete
Name: LINEHAN, MAUREEN
Address: 8300 ELEUTHUEA LN
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: KEMPER, DOTTIE
Address: 10101 FOREST HILL BLVD.
City-St-Zip: WELLINGTON, FL 33414

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOTTIE KEMPER T 05/01/2008
Electronic Signature of Signing Officer or Director — Date