

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16087

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2691253

**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

**OFFICERS AND DIRECTORS:**

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

Title: T  
Name: KEMPER, DOTTIE  
Address: 10101 FOREST HILL BLVD.  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby 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 all other like empowered.

SIGNATURE: NANCY TUCCINARDI

P

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date