2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2012
Secretary of State

DOCUMENT# N16087

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: VP
Name: BERK, MARLENE
Address: 1350 P FOUNTAIN VIEW BLVD.
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP
Name: MONTI, SHARON
Address: 1350 P FOUNTAIN VIEW BLVD.
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP
Name: FRIEDMAN, DOLLY
Address: 1350 P FOUNTAIN VIEW BLVD.
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC
Name: RENSHAW, SALLY
Address: 1350 P FOUNTAIN VIEW BLVD.
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC
Name: SADOW, DORIS K
Address: 1350 P FOUNTAIN VIEW 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: SALLY RENSHAW SEC 01/23/2012

Electronic Signature of Signing Officer or Director Date