

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 PM 2:19

DOCUMENT # N93000001773 (1)

1. Corporation Name

WELLINGTON MEDICAL CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

PO BOX 20016
WEST PALM BEACH FL 33416
US

PO BOX 20016
WEST PALM BEACH FL 33416
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0406489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BISHOP, M L JR
6508 TRAVIS RD
WEST PALM BEACH FL 33406**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BISHOP, M L JR
6508 TRAVIS RD
WEST PALM BEACH FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
ROSALIND S. BISHOP
6508 TRAVIS ROAD
WEST PALM BEACH, FL 33406**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
STEPHEN L. CRAIG
1091 PINE POINT ROAD
RIVIERA BEACH, FL 33404**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
STEPHEN L. CRAIG
1091 PINE POINT ROAD
RIVIERA BEACH, FL 33404**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
STEPHEN L. CRAIG
1091 PINE POINT ROAD
RIVIERA BEACH, FL 33404**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

**D
STEPHEN L. CRAIG
1091 PINE POINT ROAD
RIVIERA BEACH, FL 33404**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

REMITTED BY MAY 1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR UNDERSTAFF
M. LYNNWOOD BISHOP, JR.

4/26/95

(407) 968-8668