04221999-90126-009-$61.25-$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90126 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001773

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~~ 219002 WEST PALM BEACH FL ~~33416~~ 33421 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 04/21/1993

4. FEI Number: 65-0406489 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BISHOP, M L JR
6508 TRAVIS RD
WEST PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: GREGORY BOYER
82 Street Address (P.O. Box Number is Not Acceptable): 10101 FOREST HILL BLVD.
83
84 City: WELLINGTON FL 85 Zip Code: 33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Gregory E Boyer — 3/24/99
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	D	☑ DELETE	1.1 TITLE	KD	☐ Change ☑ Addition
NAME	BISHOP, M L JR		1.2 NAME	JEFFREY BISHOP, DO	
STREET ADDRESS	6508 TRAVIS RD		1.3 STREET ADDRESS	10131 FOREST HILL BLVD, # 150	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☑ DELETE	2.1 TITLE	~~D~~ KD	☐ Change ☑ Addition
NAME	BISHOP, ROSALIND S		2.2 NAME	J. DAVID CROWELL, MD	
STREET ADDRESS	6508 TRAVIS RD		2.3 STREET ADDRESS	10131 FOREST HILL BLVD, #101	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☑ DELETE	3.1 TITLE	~~D~~ KD	Change ☑ Addition
NAME	CRAIG, STEPHEN L		3.2 NAME	GREGORY BOYER	
STREET ADDRESS	1091 PINE POINT RD		3.3 STREET ADDRESS	10101 FOREST Hill BLVD	
CITY-ST-ZIP	RIVIERA BEACH FL		3.4 CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory E Boyer SIGNATURE REQUIRED — 3-24-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #