

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
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DOCUMENT # N93000001773

1. Corporation Name

WELLINGTON MEDICAL CONDOMINIUM, INC.

Principal Place of Business

 PO BOX 20016
 WEST PALM BEACH FL 33416
 US

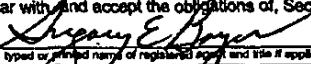
Mailing Address

 PO BOX 20016 — 219002
 WEST PALM BEACH FL 33416-33421
 US


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/21/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0406489	
24 Country		29 Country		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
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 33408				81 Name	
				GREGORY BOYER	
				82 Street Address	
				10101 FOREST HILL BLVD.	
				83	
				84 City	
				WELLINGTON	
				85 FL	
				86 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



(NOTE: Registered Agent signature required when reinstating)

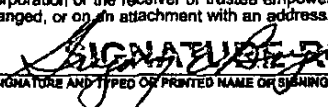
3/24/99

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☒ DELETE		1.1 TITLE	RD	☐ 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	RD	☐ 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	RD	☐ 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99

Date

Daytime Phone #