## 4/, **FILED** May 04, 2000 8:00 am Secretary of State

04-03-2000 90183 009 \*\*\*\*61.25

DOCUMENT #	N93000001773
1 Entity Namo	

Entity Name

WELLINGTON MEDICAL CONDOMINIUM. INC.

Principal Place of Business

Mailing Address

PO BOX 20016

WEST PALM BEACH FL 33416

PO BOX 219002

W PALM BCH FL 33421-9002

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2. Principal Place of Business 10131 Forest Hill Blvd		3. Mailing Address P 0 Box 219002							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Sta Welling	te ton, FL	City & State West Palm Beach, FL		4. FEI Numbe	65-0406489			olied For Applicable	
Zip 33414	Country USA	Zip 33421-9002	Country USA	5. Certificate	of Status Desired		<b>8.75</b> Addi		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Ag	ent		
			Name	Harvey Monti	o MD				
50VE# 6			Street Ad	dress (P.O. Box Numbe 31 Forest Hi	r is Not Acceptable)				ı
	GREGORY		101	31 Forest Hi	ri Biva #20	2			
	DREST HILL BLVD TON FL 33414								
**LUHW	1011112 33414		City We 1	lington,		FL	Zip Code	14	l
8. The above	e named entity submits this statement fo	or the purpose of changing its r			n, in the state of Flori	da.			i
	2	5. The harmon of Sharing 115 has	og			,		ļ	,
	11	1/10 1/1							ļ
SIGNATURE	Signature, typed of printed pame of registered agent	HARVEY MON	TIJO MA	PRESIDENT propriet when reinstating)		3-Z	9-00	Ì	l
	signature, typed or printed harte of registerer agent	rand the mappicacle. (NOTE	Hegistered Agent signatu	ing reduited when remetating)		DAIG			i
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	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	~	\$5.00 May 8e Added to Fees		Check P			
	FEE IS \$61.25	Trust Fund Contribu	stion.		Dep	artment (	of State		
10.	FEE IS \$61.25 OFFICERS AND DI	Trust Fund Contribu	ntion.	ADDITIONS/CH		S AND DIR	of State	10	(6)
TITLE	OFFICERS AND DI	Trust Fund Contribu	11.	ADDITIONS/CH	Dep ANGES TO OFFICER	S AND DIR	of State		(66/6)
	OFFICERS AND DI BISHOP, DO	Trust Fund Contribu	11. TITLE NAME	ADDITIONS/CH X D Montijo, Har	Dep ANGES TO OFFICER Vey MD	S AND DIR	of State	10	
TITLE NAME	OFFICERS AND DI BISHOP, DO 10131 FOREST HILL BLVD #150	Trust Fund Contribu	11. TITLE NAME	ADDITIONS/CH F D Montijo, Har 10131 Forest	ANGES TO OFFICER Vey MD Hill Blvd	S AND DIR	of State	10	E037
TITLE NAME STREET ADDRESS	D BISHOP, DO 10131 FOREST HILL BLVD #150 WELLINGTON FL 33414	Trust Fund Contribu	TIL. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/OH F D Montijo, Har 10131 Forest Wellington,	ANGES TO OFFICER Vey MD Hill Blvd	S AND DIRE	of State	10	E037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, DO 10131 FOREST HILL BLVD #150 WELLINGTON FL 33414 D	Trust Fund Contribu	TIL. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CH A D Montijo, Har 10131 Forest Wellington, A D	ANGES TO OFFICER VEY MD Hill Blvd FL 33414	S AND DIRE	CTORS IN	10 Addition	E037
TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	D BISHOP, DO 10131 FOREST HILL BLVD #150 WELLINGTON FL 33414 D CROWELL, J. DAVID MD	Trust Fund Contribu	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS'	ADDITIONS/CH A D Montijo, Har 10131 Forest Wellington. A D Crowell, J D	ANGES TO OFFICER  VEY MD  Hill Blvd  FL 33414  avid MD	S AND DIR	CTORS IN	10 Addition	E037
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BISHOP, DO 10131 FOREST HILL BLVD #150 WELLINGTON FL 33414 D CROWELL, J. DAVID MD	Trust Fund Contribu	TILE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CH A D Montijo, Har 10131 Forest Wellington, A D	ANGES TO OFFICER  VEY MD  Hill Blvd  FL 33414  avid MD  Hill Blvd	#202	Change	10 Addition	CR2E037 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI D BISHOP, DO 10131 FOREST HILL BLVD #150 WELLINGTON FL 33414 D CROWELL, J. DAVID MO 10131 FOREST HILL BLVD #10 WELLINGTON FL 33414 D	Trust Fund Contribu	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	ADDITIONS/CH X D Montijo, Har 10131 Forest Wellington. X D Crowell, J D 10131 Forest	ANGES TO OFFICER  VEY MD  Hill Blvd  FL 33414  avid MD  Hill Blvd	#202	CTORS IN	10 Addition	E037
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Defete

Date

Daytime Phone #

☐ Change

Addition