

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001773

1. Entity Name

WELLINGTON MEDICAL CONDOMINIUM, INC.

FILED

Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90141 006 ****61.25

Principal Place of Business

Mailing Address

10131 FOREST HILL BLVD
WELLINGTON FL 33414
US

PO BOX 219002
W PALM BCH FL 33421
US

2. Principal Place of Business

3. Mailing Address

PO Box 212113

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Royal Palm Beach, FL

Zip

Country

Zip

Country

33421

USA

4. FEI Number

65-0406489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTIJO, HARVEY MD
10131 FOREST HILL BLVD #202
WELLINGTON FL 33414

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MONTIJO, HARVEY MD
10131 FOREST HILL BLVD #150
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CROWELL, J. DAVID MD
10131 FOREST HILL BLVD #101
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SINGER, JERRY MD
10101 FOREST HILL BLVD
WELLINGTON FL 33414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

HARVEY MONTIJO

03-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)