2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N93000001773

1. Entity Name
WELLINGTON MEDICAL CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
10131 FOREST HILL BLVD WELLINGTON, FL 33414 US	PO BOX 212113 ROYAL PALM BEACH, FL 33421 US

DO NOT WRITE IN THIS SPACE

00001091

01232008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0406489	Not Applicable

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

6. Name and Address of Current Registered Agent

CROWELL, DAVID J MD
10131 FOREST HILL BLVD #101
WEST PALM BEACH, FL 33414

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000000000
04/08/08-80051-010 61.25

10.   OFFICERS AND DIRECTORS

TITLE	VP
NAME	WAELTZ, MARK
STREET ADDRESS	10131 FOREST HILL BLVD #230
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	PD
NAME	MARULL, ARMONDO MD
STREET ADDRESS	10131 FOREST HILL BLVD. #120
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	TSD
NAME	JAMES, JANET V
STREET ADDRESS	625 HIGH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33405

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Janet V. James_ JANET V. JAMES   1-29-08   561-313-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #