

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001773

**FILED**  
**Jan 30, 2010**  
**Secretary of State**

**Entity Name:** WELLINGTON MEDICAL CONDOMINIUM, INC.

**Current Principal Place of Business:**

10131 FOREST HILL BLVD  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 212113  
ROYAL PALM BEACH, FL 33421 US

**New Mailing Address:**

**FEI Number:** 65-0406489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** WAELTZ, MARK  
**Address:** 10131 FOREST HILL BLVD #230  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** PD  
**Name:** MARULL, ARMONDO MD  
**Address:** 10131 FOREST HILL BLVD. #120  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** TSD  
**Name:** JAMES, JANET V  
**Address:** 625 HIGH STREET  
**City-St-Zip:** WEST PALM BEACH, FL 33405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JANET V JAMES

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01/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date