CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # W94000005514

1. Corporation Name

WELLINGTON PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
10101 FOREST HILL BLVD WELLINGTON FL 33414	10101 FOREST HILL BLVD WELLINGTON FL 33414

3. Date Incorporated or Qualified: 11/10/1994
3a. Date of Last Report:

4. FEI Number: 23-2799389 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

AGGEN, DALE
10101 FOREST HILL BLVD
WELLINGTON FL 33414

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	13.1 TITLE	D ☐ Change ☐ Addition
NAME	BISHOP, JEFFREY	13.2 NAME	Aggen, Dale
STREET ADDRESS	10131 FOREST HILL BLVD, SUITE 150	13.3 STREET ADDRESS	10101 Forest Hill Blvd
CITY-ST-ZIP	WELLINGTON FL 33414	13.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	D	23.1 TITLE	D ☐ Change ☒ Addition
NAME	FARBER, RICHARD D	23.2 NAME	Yearty, Pat
STREET ADDRESS	10101 FOREST HILL BLVD	23.3 STREET ADDRESS	10101 Forest Hill Blvd.
CITY-ST-ZIP	WELLINGTON FL 33414	23.4 CITY-ST-ZIP	Wellington, FL 33414
TITLE	D	33.1 TITLE	☐ Change ☐ Addition
NAME	SINGER, JERRY H	33.2 NAME	
STREET ADDRESS	3230 LAKE WORTH ROAD	33.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33461	33.4 CITY-ST-ZIP	
TITLE	D	43.1 TITLE	☐ Change ☐ Addition
NAME	SAHAGIAN, ARIS	43.2 NAME	
STREET ADDRESS	500 ROYAL PALM BEACH BLVD	43.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	43.4 CITY-ST-ZIP	
TITLE	D	53.1 TITLE	☐ Change ☐ Addition
NAME	Marquez, Michael	53.2 NAME	
STREET ADDRESS	10101 Forest Hill Blvd.	53.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington, FL 33414	53.4 CITY-ST-ZIP	
TITLE	D	63.1 TITLE	☐ Change ☐ Addition
NAME	Jarret, Natalie	63.2 NAME	
STREET ADDRESS	10101 Forest Hill Blvd.	63.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington, FL 33414	63.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Dale R. Aggen 5/8/95 407/798-8632
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #