

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005573 (0)

1. Corporation Name

WELLINGTON INDIVIDUAL PRACTICE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/10/1994

3a. Date of Last Report

4. FEI Number

23-2804505

Applied For

Not Applicable

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

Principal Place of Business

Mailing Address

10101 FOREST HILL BLVD
WELLINGTON FL 33414

10101 FOREST HILL BLVD
WELLINGTON FL 33414

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGGEN, DALE
10101 FOREST HILL BLVD
WELLINGTON FL 33414

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 of 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BISHOP, JEFFREY
STREET ADDRESS 10131 FOREST HILL BLVD, SUITE 150
CITY - ST - ZIP WELLINGTON FL 33414

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE D
NAME FARBER, RICHARD D
STREET ADDRESS 10101 FOREST HILL BLVD
CITY - ST - ZIP WELLINGTON FL 33414

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D
NAME SINGER, JERRY H
STREET ADDRESS 3230 LAKE WORTH ROAD
CITY - ST - ZIP LAKE WORTH FL 33461

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE D
NAME SAHAGIAN, ARIS
STREET ADDRESS 500 ROYAL PALM BEACH BLVD
CITY - ST - ZIP ROYAL PALM BEACH FL 33411

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), Florida Statutes. I further certify that the information indicated in the 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 in an attachment with an address.

SIGNATURE:

RICHARD FARBER, M.D.

5/8/95

407 788-8514