

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90211 023 \*\*\*\*61.25

**DOCUMENT # N94000005573**

1. Corporation Name

**WELLINGTON INDIVIDUAL PRACTICE ASSOCIATION, INC.**

Principal Place of Business

10101 FOREST HILL BLVD  
WELLINGTON FL 33414

Mailing Address

10101 FOREST HILL BLVD  
WELLINGTON FL 33414



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/10/1994

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D**  
1.2 NAME **Montijo, Harvey**  
1.3 STREET ADDRESS **10131 Forest Hill Blvd., #202**  
1.4 CITY-ST-ZIP **Wellington, FL 33414**

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE**  
**Jerry H Singer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-4-99**  
**561-964-2220**

Daytime Phone #

CR2E037 (11/98)