

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

- CORPORATION
ANNUAL REPORT
1995 6



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

DOCUMENT # N 94 000005574

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Wellington Physician Hospital Organization, Inc.

Principal Place of Business Mailing Address
10101 Forest Hill Blvd. 10101 Forest Hill Blvd.
Wellington, FL 33414 Wellington, FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/10/94	3a. Date of Last Report 5/16/95
4. FEI Number 23-2799389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Country

9. Name and Address of Current Registered Agent

Dale R. Aggen
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. City	84. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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]* DATE: 5/6/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
Co-Chairman	Gregory E. Boyer	Natalie Jarrett	10101 Forest Hill Blvd.
STREET ADDRESS	10101 Forest Hill Blvd.	1.3 STREET ADDRESS	Wellington, FL 33414
CITY-ST-ZIP	Wellington, FL 33414	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
Executive Director	Dale R. Aggen	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	10101 Forest Hill Blvd.		
CITY-ST-ZIP	Wellington, FL 33414		
TITLE	NAME	3.1 TITLE	3.2 NAME
Chairman	Jerry Singer, M.D.	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	3230 Lake Worth Road		
CITY-ST-ZIP	Lake Worth, FL 33461		
TITLE	NAME	4.1 TITLE	4.2 NAME
Jeffrey Bishop, D.O.	10131 Forest Hill Blvd., Ste. 150	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	Wellington, FL 33414		
CITY-ST-ZIP			
TITLE	NAME	5.1 TITLE	5.2 NAME
Richard Farber, M.D.	10101 Forest Hill Blvd.	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	Wellington, FL 33414		
CITY-ST-ZIP			
TITLE	NAME	6.1 TITLE	6.2 NAME
Aris Sahagian, M.D.	500 Royal Palm Beach Blvd.	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
STREET ADDRESS	Royal Palm Beach, FL 33411		
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 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: *[Signature]* DATE: 5/6/96 DAYTIME PHONE: 407-758-0390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR