


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 30 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State VISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <b>N 94 000005574</b> <b>Wellington Physician Hospital Organization, Inc.</b>			
Principal Place of Business <b>10101 Forest Hill Blvd.</b> <b>Wellington, FL 33414</b>		Mailing Address <b>10101 Forest Hill Blvd.</b> <b>Wellington, FL 33414</b>	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country <b>30</b>	
<b>3. Date Incorporated or Qualified</b> <b>11/10/94</b>		<b>3a. Date of Last Report</b> <b>5/16/95</b>	
<b>4. FEI Number</b> <b>23-2799389</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>Dale R. Aggen</b> <b>10101 Forest Hill Blvd.</b> <b>Wellington, FL 33414</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
<b>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.</b> SIGNATURE: <i>[Signature]</i> <b>Executive Director</b> DATE: <b>6/10/97</b> <small>(NOTE: Registered Agent signature required when re-instating)</small>			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Co-Chairman</b> <input type="checkbox"/> DELETE <b>Gregory E. Boyer</b> <b>10101 Forest Hill Blvd.</b> <b>Wellington, FL 33414</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Chief Financial Officer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>S. James Hughey</b> <b>10101 Forest Hill Blvd.</b> <b>Wellington, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Director</b> <input type="checkbox"/> DELETE <b>Dale R. Aggen</b> <b>10101 Forest Hill Blvd.</b> <b>Wellington, FL 33414</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman</b> <input type="checkbox"/> DELETE <b>Jerry Singer, M.D.</b> <b>3230 Lake Worth Road</b> <b>Lake Worth, FL 33461</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Jeffrey Bishop, D.O.</b> <input type="checkbox"/> DELETE <b>10131 Forest Hill Blvd., #150</b> <b>Wellington, FL 33414</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Richard Farber, M.D.</b> <input type="checkbox"/> DELETE <b>10101 Forest Hill Blvd.</b> <b>Wellington, FL 33414</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Aris Sahagian, M.D.</b> <input type="checkbox"/> DELETE <b>500 Royal Palm Beach Blvd.</b> <b>Royal Palm Beach, FL 33411</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>500002226785</b> <b>-06/30/97--01120--016</b> <b>***61.25</b>
<b>14. I do 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.</b>			
<b>SIGNATURE:</b> <i>[Signature]</i> <b>Dale R. Aggen</b>		Date: <b>6/10/97</b> Daytime Phone #: <b>561/798-0396</b>	

CR2E037 (9/96)