

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 90210 044 ****61.25

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DOCUMENT # N94000005574

1. Corporation Name

WELLINGTON PHYSICIAN HOSPITAL ORGANIZATION, 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

23-2799389

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCD
BOYER, GREGORY E
10101 FOREST HILL BLVD.
WELLINGTON FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EXD
AGGEN, DALE R
10101 FOREST HILL BLVD.
WELLINGTON FL 33414

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

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

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

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

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

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

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

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 REQUIRED

Gregory E. Boyer / 99

561-798-8501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)