

2002 UNIFORM BUSINESS REPORT (UBR)

0033455

DOCUMENT # N99000003364

1. Entity Name

WELLINGTON REGIONAL HEALTH & EDUCATION FOUNDATIO
N, INC.

Principal Place of Business

10101 FOREST HILL BLVD.
WEST PALM BEACH FL 33414

Mailing Address

10101 FOREST HILL BLVD.
WEST PALM BEACH FL 33414

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D, P
STREET ADDRESS MILLER, ALAN B
CITY-ST-ZIP 367 S. GULPH ROAD
KING OF PRUSSIA PA 19406

TITLE ☐ Delete
NAME D, S
STREET ADDRESS GILBERT, BRUCE R
CITY-ST-ZIP 367 S. GULPH ROAD
KING OF PRUSSIA PA 19406

TITLE ☐ Delete
NAME D, T
STREET ADDRESS DILALLO, KEVIN
CITY-ST-ZIP 10101 FOREST HILL BLVD.
WEST PALM BEACH FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME D, VP
STREET ADDRESS Rendino, Bruce
CITY-ST-ZIP 10101 Forest Hill Blvd.
West Palm Beach FL 33414

TITLE ☐ Change ☐ Addition
NAME 300004851159--7
STREET ADDRESS -01/31/02--01076--005
CITY-ST-ZIP *****61.25 *****61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED R. Gilbert

1/17/02 610-768-3320

FILED

02 JAN 24 AM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)