PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SION OF CORPORATION
04 OCT 21 PM 1:45

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04

DOCUMENT # N99000003364

1. Corporation Name
Wellington Regional Health & Education Foundation, Inc.

10101 Forest Hill Boulevard

2. Principal Office Address	3. Mailing Office Address
10101 Forest Hill Boulevard	367 South Gulph Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: King of Prussia, PA
Zip: 33414 / Country	Zip: 19406 / Country

4. Date Incorporated or Qualified To Do Business in Florida: June 1, 1999

5. FEI Number: 23-3004713 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 10/21/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Alan B. Miller	367 South Gulph Road	King of Prussia, PA 19406
D,S	Bruce R. Gilbert	367 South Gulph Road	King of Prussia, PA 19406
D,T	Kevin Dilallo	10101 Forest Hill Boulevard	West Palm Beach, FL 33414
D,VP	Bruce Rendina	10101 Forest Hill Boulevard	West Palm Beach, FL 33414

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Bruce R. Gilbert 10/20/2004 (610) 768-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

WELLINGTON REGIONAL HEALTH & EDUCATION FOUNDATION, I

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