


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000003364 1. Entity Name WELLINGTON REGIONAL HEALTH & EDUCATION FOUNDATION, INC.	
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Principal Place of Business 10101 FOREST HILL BLVD. WEST PALM BEACH, FL 33414	Mailing Address 367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406
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DO NOT WRITE IN THIS SPACE

FILED
05 JAN 18 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-3004713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, ALAN B 367 S. GULPH ROAD KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GILBERT, BRUCE R 367 S. GULPH ROAD KING OF PRUSSIA, PA 19406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DILALLO, KEVIN 10101 FOREST HILL BLVD. WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RENDINA, BRUCE 10101 FOREST HILL BLVD. WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

900045552329
01/28/05--01010-021 **61.25

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: Alfred Bruce R. Gilbert 1/4/05 6107683300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #