2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003364

1. Entity Name
WELLINGTON REGIONAL HEALTH & EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
10101 FOREST HILL BLVD. WEST PALM BEACH, FL 33414	367 SOUTH GULPH ROAD KING OF PRUSSIA, PA 19406

01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
23-3004713
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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01/26/07-80028-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Bruce R. Gilbert 1/10/07 6107683300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #