

P10000075453

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: IKI@fcohenlaw.com

REGISTERED AGENT CHANGE WELLINGTON RETREAT, INC.

Certificate of Status	0
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Page Count	01
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COHEN MORRIS SCHERER

8/28/2012 3:56:37 PM PAGE 1/001 Fax Server

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August 28, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WELLINGTON RETREAT, INC.
2200 N. FLORIDA MANGO RD.
201
WEST PALM BEACH, FL 33409

SUBJECT: WELLINGTON RETREAT, INC.
REF: P10000075453

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Our records reflect the current registered agent name and address in block #5 as, Fe M Orbigoso, 6145 Ungerer St, Jupiter, FL 33458. Also, please correct block #4, the incorporation date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H12000214617
Letter Number: 912A00022005

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wellington Retreat, Inc.

Name of Corporation

DOCUMENT NUMBER: P10000075453

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory R. Cohen, Esq.

Name of Contact Person

Cohen, Norris, Wolmer, Ray, Telepman & Cohen

Firm/Company

712 US Highway One, Suite 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

grc@fcohenlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory R. Cohen

Name of Contact Person

at (561) 844-3600

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607 0502, 617 0502, 607 1508, or 617 1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wellington Retreat, Inc.
2. The principal office address: 2200 N. Florida Mango Road, Suite 201
West Palm Beach, Florida 33409
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/15/2010 Document number: P10000075453
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Fe M Orblgoso

6145 Ungerer St.

Jupiter, FL 33458

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gregory R. Cohen, Esq.

712 US Highway One, Suite 400

P.O. Box NOT acceptable

North Palm Beach, FL 33408

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]

Printed or typed name and title

DR. ROBERT MORAN / CEO & Medical Director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]

Signature of Registered Agent

8-31-12

Date

If signing on behalf of an entity:

Gregory R. Cohen

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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