
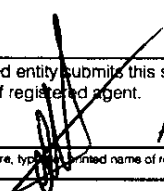
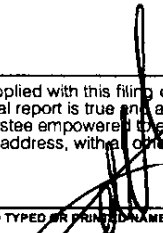


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90238 050 \*\*\*150.00

<b>DOCUMENT # P95000044201</b> 1. Entity Name <b>WELLINGTON INTERNAL MEDICINE GROUP, P.A.</b>			
Principal Place of Business <b>10111 FOREST HILL BLVD STE 100 WELLINGTON, FL 33414 US</b>		Mailing Address <b>10111 FOREST HILL BLVD STE 100 WELLINGTON, FL 33414 US</b>	
2. Principal Place of Business - No P.O. Box # <b>10131 FOREST HILL BLVD.</b>		3. Mailing Address <b>10131 FOREST HILL BLVD</b>	
Suite, Apt. #, etc. <b>SUITE-100A</b>		Suite, Apt. #, etc. <b>SUITE-100A</b>	
City & State <b>WELLINGTON, FL</b>		City & State <b>WELLINGTON, FL</b>	
Zip <b>33414</b> Country <b>USA</b>		Zip <b>33414</b> Country <b>USA</b>	
4. FEI Number <b>65-0586817</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARULL, ARMANDO 10111 FOREST HILL BL. STE.100 WEST PALM BEACH, FL 33414</b>		7. Name and Address of New Registered Agent Name <b>MARULL, ARMANDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>10131 FOREST HILL BLVD, SUITE-100A</b> City <b>WELLINGTON</b> <b>FL</b> Zip Code <b>33414</b>	
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  <b>ARMANDO Marull (D)</b> <span style="float: right;"><b>4/23/07</b></span> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARULL, ARMANDO E 10111 FOREST HILL BLVD, STE 100 WELLINGTON, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARULL, ARMANDO E 10131 FOREST HILL BLVD., STE-100A WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.			
<b>SIGNATURE:</b>  <b>ARMANDO MARULL (D)</b>		<b>4/23/07 (561) 753-8366</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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04242007 Chg-P CR2E034 (12/06)