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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038011 (8)

1. Corporation Name
WELLINGTON PHYSICIAN ALLIANCES, INC.



Principal Place of Business
367 S GULPH ROAD
KING OF PRUSSIA PA 19406

Mailing Address
367 S GULPH ROAD
KING OF PRUSSIA PA 19406-2832

3. Date Incorporated or Qualified
05/02/1996

3a. Date of Last Report

2. Principal Place of Business
21. 10101 Forest Hill Blvd.

2a. Mailing Address
26. 367 S. Gulph RD

4. FEI Number
23 - 2846710

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. West Palm Beach FL

28. King of Prussia PA

Zip Country
24. 33414 USA

Zip Country
29. 19406-0958 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal officer or registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Miller, Alan B.
1.3 STREET ADDRESS 367 S. Gulph RD
1.4 CITY- ST- ZIP King of Prussia PA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME Filton, Steve
2.3 STREET ADDRESS 367 S. Gulph RD
2.4 CITY- ST- ZIP King of Prussia PA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME Gorman, Kirk E.
3.3 STREET ADDRESS 367 S. Gulph RD
3.4 CITY- ST- ZIP King of Prussia PA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Gilbert, Bruce R.
4.3 STREET ADDRESS 367 S. Gulph RD
4.4 CITY- ST- ZIP King of Prussia PA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce R. Gilbert, Secretary 3/11/97

Date

Daytime Phone #

(610)768-3300

CR2E034 (9/96)