

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 16 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038011

1. Entity Name
WELLINGTON PHYSICIAN ALLIANCES, INC.



Principal Place of Business
10101 FOREST HILL BLVD
WEST PALM BEACH, FL 33414 US

Mailing Address
367 S GULPH ROAD
PO BOX 61558
KING OF PRUSSIA, PA 19406-0958 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092004 Chg-P CR2E034 (10/03)

4. FEI Number
23-2846710

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MILLER, ALAN B
STREET ADDRESS 367 S GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA, PA

TITLE ☐ Change ☐ Addition
NAME 800027771108
STREET ADDRESS 01/29/04--01030--010 **150.00
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME FILTON, STEVE
STREET ADDRESS 367 S GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA, PA

TITLE ☒ Change ☐ Addition
NAME V.T.D.
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME GORMAN, KIRK E
STREET ADDRESS 367 S GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA, PA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GILBERT, BRUCE R
STREET ADDRESS 367 S GULPH ROAD
CITY-ST-ZIP KING OF PRUSSIA, PA

TITLE ☒ Change ☐ Addition
NAME S.D.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bruce R Gilbert 1/2/2004 610-268-3300