

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
05 JAN 18 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005 No Chg-P CR2E034 (10/03)

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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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PD |
| NAME | MILLER, ALAN B |
| STREET ADDRESS | 367 S GULPH ROAD |
| CITY-ST-ZIP | KING OF PRUSSIA, PA |
| TITLE | VDT |
| NAME | FILTON, STEVE |
| STREET ADDRESS | 367 S GULPH ROAD |
| CITY-ST-ZIP | KING OF PRUSSIA, PA |
| TITLE | SD |
| NAME | GILBERT, BRUCE R |
| STREET ADDRESS | 367 S GULPH ROAD |
| CITY-ST-ZIP | KING OF PRUSSIA, PA |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100045553131
01/28/05-01011-023 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 1/4/05 6107683300