

# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0620200 AT

DOCUMENT # P96000038011

1. Entity Name  
WELLINGTON PHYSICIAN ALLIANCES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 15 PM 3:53

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

4. FEI Number 23-2846710

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100012311321  
CITY-ST-ZIP 02/11/03--01039--016 \*\*\$150.00

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

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

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

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

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

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

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 REQUIRED: Bruce R Gilbert 1/6/03 69683300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)