

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90078 019 \*\*\*150.00

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1. Corporation Name

WELLINGTON RESEARCH ASSOCIATES, INC.

Principal Place of Business

251 ROYAL PALM WAY, STE. 602  
PALM BEACH FL 33480

Mailing Address

251 ROYAL PALM WAY, STE. 602  
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1998

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1897 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

22 SUITE 120

City & State

23 West Palm Beach FL

Zip

24 33409

Country

25

2a. Mailing Address

26 1897 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

27 SUITE 120

City & State

28 West Palm Beach FL

Zip

29 33409

Country

30

9. Name and Address of Current Registered Agent

DE MENDOZA, MARIO G III  
251 ROYAL PALM WAY, STE. 602  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

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

1897 Palm Beach Lakes Blvd

83 SUITE 120

84 City West Palm Beach

FL

85 Zip Code 33409

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☒ DELETE  
NAME DE MENDOZA, MARIO G III  
STREET ADDRESS 251 ROYAL PALM WAY, STE. 602  
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME HABER, AUDREY Ph.D.  
1.3 STREET ADDRESS 1897 Palm Beach Lakes Blvd, Suite 120  
1.4 CITY-ST-ZIP West Palm Beach, FL 33409

2.1 TITLE STD ☐ Change ☒ Addition  
2.2 NAME MTSKIN, BARRY M. M.D.  
2.3 STREET ADDRESS 1897 Palm Beach Lakes Blvd, Suite 120  
2.4 CITY-ST-ZIP West Palm Beach, FL 33409

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

14. 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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

Audrey Haber, Ph.D., Pres. X 4-5-99 (561) 689-0606

Date

Daytime Phone #

CR2E034 (11/98)