

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90055 046 ***150.00

DOCUMENT # P99000080161

1. Entity Name

WELLINGTON FAMILY PRACTICE, INC.

Principal Place of Business

**10111 WEST FOREST HILL BLVD. #221
 WELLINGTON FL 33414**

Mailing Address

**10111 WEST FOREST HILL BLVD. #221
 WELLINGTON FL 33414**

2. Principal Place of Business

10131 W. Forest Hill Blvd

3. Mailing Address

10131 W. Forest Hill Blvd

Suite, Apt. #, etc.

#130

Suite, Apt. #, etc.

#130

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-0947254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

POYER, JAMES C DR.

**10111 WEST FOREST HILL BLVD. #221
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

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

10131 W. Forest Hill Blvd #130

City

Wellington

FL

Zip Code

33414

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	POYER, JAMES C DR.	
STREET ADDRESS	10111 WEST FOREST HILL BLVD. #221	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	POYER, MELINDA J DR.	
STREET ADDRESS	10111 WEST FOREST HILL BLVD. #221	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10131 W. Forest Hill Blvd #130	
STREET ADDRESS	Wellington FL 33414	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10131 W. Forest Hill Blvd #130	
STREET ADDRESS	Wellington FL 33414	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

4/23/02

Date

5617952848

Daytime Phone #

CR2E034 (9/01)