

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

7. Name and Address of New Registered Agent

POYER, JAMES C DR.
10111 WEST FOREST HILL BLVD. #221
WELLINGTON FL 33414

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 *James C Poyer*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02
 DATE

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

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

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: *James C Poyer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
 Date

5617952848
 Daytime Phone #

CR2E034 (9/01)