

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S90864

**FILED**  
**Feb 08, 2007**  
**Secretary of State**

**Entity Name:** WELLINGTON MEDICAL SUITES, INC.

**Current Principal Place of Business:**

P.O. BOX 20016  
W PALM BEACH, FL 33416

**New Principal Place of Business:**

6508 TRAVIS ROAD  
W PALM BEACH, FL 33406

**Current Mailing Address:**

P.O. BOX 20016  
W PALM BEACH, FL 33416

**New Mailing Address:**

**FEI Number:** 65-0238245      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BISHOP, M. LYNWOOD JR.  
6508 TRAVIS RD  
WEST PALM BCH, FL 33406      US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P      ( ) Delete  
**Name:** BISHOP, M. LYNWOOD J, R.  
**Address:** 6508 TRAVIS RD.  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** M LYNWOOD BISHOP JR

P

02/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date