

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90181 032 ***150.00

DOCUMENT # P99000080161



1. Entity Name
WELLINGTON FAMILY PRACTICE, INC.

Principal Place of Business
**10131 W. FOREST HILL BLVD.
SUITE #130
WEST PALM BEACH FL 33414**

Mailing Address
**10131 W. FOREST HILL BLVD.
SUITE #130
WEST PALM BEACH FL 33414**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0947254**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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.
10131 W. FOREST HILL BLVD.
SUITE#130
WEST PALM BEACH FL 33414**

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 | D <input type="checkbox"/> Delete |
| NAME | POYER, JAMES C DR. |
| STREET ADDRESS | 10131 W. FOREST HILL BLVD. #130 |
| CITY-ST-ZIP | WELLINGTON FL 33414 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | POYER, MELINDA J DR. |
| STREET ADDRESS | 10131 W. FOREST HILL BLVD. #130 |
| CITY-ST-ZIP | WELLINGTON FL 33414 |
| TITLE | <input type="checkbox"/> Delete |
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| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *James C Poyer* **SIGNATURE REQUIRED** **James C Poyer** 2-19-03 561 995 2878

CR2E034 (10/02)