

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001773

Entity Name: WELLINGTON MEDICAL CONDOMINIUM, INC.

Current Principal Place of Business:

10131 FOREST HILL BLVD
WELLINGTON, FL 33414

Current Mailing Address:

POST OFFICE BOX 6939
WEST PALM BEACH, FL 33405 US

FEI Number: 65-0406489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROWELL, DAVID JMD
10131 FOREST HILL BLVD #101
WEST PALM BEACH, FL 33414 US

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

Officer/Director Detail :

Title VP
Name WAELTZ, MARK
Address 10131 FOREST HILL BLVD #230
City-State-Zip: WELLINGTON FL 33414

Title PD
Name MARULL, ARMONDO MD
Address 10131 FOREST HILL BLVD. #120
City-State-Zip: WELLINGTON FL 33414

Title TSD
Name JAMES, JANET V
Address 625 HIGH STREET
City-State-Zip: WEST PALM BEACH FL 33405

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANET V JAMES

TREASURER

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date