

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000071098

Entity Name: WELLINGTON REGIONAL MEDICAL CENTER, LLC

Current Principal Place of Business:

10101 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33414

Current Mailing Address:

10101 FOREST HILL BOULEVARD
WEST PALM BEACH, FL 33414 US

FEI Number: 23-2306491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title AMBR
Name UHS OF DELAWARE INC
Address 367 S. GULPH RD.
City-State-Zip: KING OF PRUSSIA PA 19406

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE FILTON

VICE PRESIDENT

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date