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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03995** (0)
1. Corporation Name
BETHESDA MEMORIAL HOSPITAL, INC.

700001475537
-05/04/95--01027--018
3040.00 *130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% JOEL T. STRAWN
54 NE 4TH AVE.
DELRAY BCH FL 33483

3. Date Incorporated or Qualified **06/29/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2447554** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STRAWN, JOEL T., ESQUIRE
54 NE 4TH AVE.
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent, and the 4 applicable

(R) (3) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LOVE, FRED W., M.D.
STREET ADDRESS	315 N.W. 18TH STREET
CITY ST ZIP	DELRAY BCH FL
TITLE	D
NAME	BARNHARDT, L. EDWARD
STREET ADDRESS	1011 SOUTHWEST FIRST ST
CITY ST ZIP	BOCA RATON FL
TITLE	D
NAME	CASSADY, WILLIAM F.
STREET ADDRESS	10 CAMINO REAL EAST
CITY ST ZIP	BOCA RATON FL
TITLE	D
NAME	LONDEREE, DONALD L.
STREET ADDRESS	360 N-W 5TH AVE
CITY ST ZIP	BOCA RATON FL
TITLE	D
NAME	KOCH, WILLIAM F. JR.
STREET ADDRESS	900 E. ATLANTIC AVE. #14
CITY ST ZIP	DELRAY BCH FL
TITLE	P
NAME	HILL, ROBERT B.
STREET ADDRESS	2815 S. SEACREST BLVD.
CITY ST ZIP	BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	STRAWN, JOEL T.
13 STREET ADDRESS	54 NE 4th Avenue
14 CITY ST ZIP	Delray Beach, FL 33438
21 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WEEMS, N.M., JR.
23 STREET ADDRESS	2815 S. Seacrest
24 CITY ST ZIP	Boynton Beach, FL 33435
31 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	COLEMAN, CLAYTON L.
33 STREET ADDRESS	2815 S. Seacrest
34 CITY ST ZIP	Boynton Beach, FL 33435
41 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DOSCH, MARK R.
43 STREET ADDRESS	2815 S. Seacrest Blvd.
44 CITY ST ZIP	Boynton Beach, FL 33435
51 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	NOREM, STORMET C.
53 STREET ADDRESS	2815 S. Seacrest Blvd.
54 CITY ST ZIP	Boynton Beach, FL 33435
61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	DEVITT, FRED B.
63 STREET ADDRESS	2815 S. Seacrest Blvd.
64 CITY ST ZIP	Boynton Beach, FL 33435

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4-28-95 407-278-9400

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D

Gold, Robert G.
2815 S. Seacrest
Boynton Beach, FL 33435