

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 15, 1996 08:00 AM
Secretary of State

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



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 **05/01/1995**
4. FEI Number **59-2447554** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAWN, JOEL T., ESQUIRE
54 NE 4TH AVE.
DELRAY BEACH FL 33483

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	LOVE, FRED W., M.D.
STREET ADDRESS	315 N.W. 18TH STREET
CITY-ST-ZIP	DELRAY BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BARNHARDT, L. EDWARD
STREET ADDRESS	1011 SOUTHWEST FIRST ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CASSADY, WILLIAM F.
STREET ADDRESS	10 CAMINO REAL EAST
CITY-ST-ZIP	BOCA RATON FL
TITLE	S <input type="checkbox"/> DELETE
NAME	STRAWN, JOEL T
STREET ADDRESS	54 NE 4TH AVENUE
CITY-ST-ZIP	DELRAY BEACH FL 33438
TITLE	D <input type="checkbox"/> DELETE
NAME	KOCH, WILLIAM F. JR.
STREET ADDRESS	900 E. ATLANTIC AVE.#14
CITY-ST-ZIP	DELRAY BCH FL
TITLE	P <input type="checkbox"/> DELETE
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

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Robert B. Hill 3/7/96 (407) 737-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)