

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03995 (0)
1. Corporation Name
BETHESDA MEMORIAL HOSPITAL, INC.



Principal Place of Business % JOEL T. STRAWN 54 NE 4TH AVE. DELRAY BCH FL 33483	Mailing Address % JOEL T. STRAWN 54 NE 4TH AVE. DELRAY BCH FL 33483-4529
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3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 04/15/1996
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2. Principal Place of Business 21. Sulte, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-2447554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, FRED W., M.D.	1.2 NAME	
STREET ADDRESS	315 N.W. 18TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNHARDT, L. EDWARD	2.2 NAME	
STREET ADDRESS	1011 SOUTHWEST FIRST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSADY, WILLIAM F.	3.2 NAME	
STREET ADDRESS	10 CAMINO REAL EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWN, JOEL T	4.2 NAME	
STREET ADDRESS	54 NE 4TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33438	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, WILLIAM F. JR.	5.2 NAME	
STREET ADDRESS	900 E. ATLANTIC AVE.#14	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ROBERT B.	6.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)