


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 14 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N03995 (0)**

1. Corporation Name  
**BETHESDA MEMORIAL HOSPITAL, INC.**



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

3. Date Incorporated or Qualified <b>06/29/1984</b>	
4. FEI Number <b>59-2447554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	28. Zip
24. Country	29. Country
25.	30.

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
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOVE, FRED W., M.D.</b>	
STREET ADDRESS	<b>315 N.W. 18TH STREET</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARNHARDT, L. EDWARD</b>	
STREET ADDRESS	<b>1011 SOUTHWEST FIRST ST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASSADY, WILLIAM F.</b>	
STREET ADDRESS	<b>10 CAMINO REAL EAST</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>STRAWN, JOEL T</b>	
STREET ADDRESS	<b>54 NE 4TH AVENUE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33438</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KOCH, WILLIAM F. JR.</b>	
STREET ADDRESS	<b>900 E. ATLANTIC AVE.#14</b>	
CITY-ST-ZIP	<b>DELRAY BCH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HILL, ROBERT B.</b>	
STREET ADDRESS	<b>2815 S. SEACREST BLVD.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	

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 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.

SIGNATURE: *Robert B Hill*

CR2E037 (10/97)