

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90024 029 ****70.00

0047346

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03995

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/29/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2447554

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME LOVE, FRED W., M.D.
STREET ADDRESS 315 N.W. 18TH STREET
CITY-ST-ZIP DELRAY BCH FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME BARNHARDT, L. EDWARD
STREET ADDRESS 1011 SOUTHWEST FIRST ST
CITY-ST-ZIP BOCA RATON FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME CASSADY, WILLIAM F.
STREET ADDRESS 10 CAMINO REAL EAST
CITY-ST-ZIP BOCA RATON FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

4.1 TITLE Change Addition

NAME STRAWN, JOEL T
STREET ADDRESS 54 NE 4TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33438

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME KOCH, WILLIAM F. JR.
STREET ADDRESS 900 E. ATLANTIC AVE. #14
CITY-ST-ZIP DELRAY BCH FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME HILL, ROBERT B.
STREET ADDRESS 2815 S. SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH FL

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, with all other like empowered.

SIGNATURE: X *Robert B. Hill* REQUIRED ROBERT B. HILL 3/24/99 561-737-7933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)