

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90106 003 ****70.00

DOCUMENT # N03995

1. Entity Name

BETHESDA MEMORIAL HOSPITAL, INC.

Principal Place of Business

Mailing Address

**% JOEL T. STRAWN
 54 NE 4TH AVE.
 DELRAY BCH FL 33483**

**% JOEL T. STRAWN
 54 NE 4TH AVE.
 DELRAY BCH FL 33483-4558**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2447554

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|---------------------------------|
| 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 33483 | |
| 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 | |

| | | |
|----------------|--|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert B. Hill
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/19/00 561-737-7733
 Date Daytime Phone #

CR2E037 (9/99)