

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90005 035 \*\*\*\*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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2447554**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE **D**  Change  Addition  
 NAME **SMITH, THOMAS A.**  
 STREET ADDRESS **96 NE 4th Avenue**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **STRAWN, JOEL T**  
 STREET ADDRESS **54 NE 4TH AVENUE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **D**  Change  Addition  
 NAME **WEEMS, N. MARION JR., M.D.**  
 STREET ADDRESS **10827 Gleneagles Rd.**  
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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

TITLE  Change  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** **Robert B. Hill** 4/24/01 561-737-7733  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)