

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90022 022 \*\*\*\*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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, THOMAS A</b>	
STREET ADDRESS	<b>96 NE 4TH AVENUE</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33483</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>WEEMS, MARION N M.D.</b>	
STREET ADDRESS	<b>900 E. ATLANTIC AVE.#14</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</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>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: W.P. FINANCE 4/22/02 561-737-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)