


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90020 021 ****70.00

DOCUMENT # N03995	
1. Entity 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
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2. Principal Place of Business 2815 S Seacrest Blvd Suite, Apt. #, etc.	3. Mailing Address 2815 S Seacrest Blvd Suite, Apt. #, etc.
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City & State Boynton Beach, FL	City & State Boynton Beach, FL
Zip 33435	Country
Zip 33435	Country

54023817

 03162004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2447554	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, THOMAS A 96 NE 4TH AVENUE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNHARDT, L. EDWARD 1011 SOUTHWEST FIRST ST BOCA RATON, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSADY, WILLIAM F. 10 CAMINO REAL EAST BOCA RATON, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, ROBERT JR 2815 S. SEACREST BLVD BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEMS, MARION N M.D. 900 E. ATLANTIC AVE.#14 BOYNTON BEACH, FL 33436 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, ROBERT B. 2815 S. SEACREST BLVD. BOYNTON BEACH, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Love, Fred W. M.D. 315 NW 18th Street Delray Beach, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Devitt, Fred B. Jr. 30 SE 4 Avenue Delray Beach, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norem, Stormet C. 5720 Old Ocean Blvd. #5E Ocean Ridge, FL 33435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Koch, William F. Jr. 545 Golfview Drive Gulfstream, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **3/29/2004** (561) 737-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #