

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90065 023 \*\*\*\*70.00

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<b>DOCUMENT # N03995</b>					
1. Entity Name BETHESDA MEMORIAL HOSPITAL, INC.					
Principal Place of Business 2815 S SEACREST BLVD. BOYNTON BEACH, FL 33435			Mailing Address 2815 S SEACREST BLVD. BOYNTON BEACH, FL 33435		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVE, FRED W MD		NAME	I. Jeffrey Pheterson, Esq.	
STREET ADDRESS	315 NW 18TH ST.		STREET ADDRESS	10361 St Andrews Rd.	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	<input type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVITT, FRED B JR.		NAME	Devitt, Fres B. Jr.	
STREET ADDRESS	30 SE 4 AVE.		STREET ADDRESS	30 SE 4 Avenue	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOREM, STORMET C		NAME		
STREET ADDRESS	5720 OLD OCEAN BLVD, #5E		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT JR		NAME		
STREET ADDRESS	2815 S. SEACREST BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, WILLIAM F JR.		NAME		
STREET ADDRESS	545 GOLFVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ROBERT B.		NAME		
STREET ADDRESS	2815 S. SEACREST BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		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: <i>Robert B. Taylor Jr.</i>			Date: <i>3/2/2005</i> Daytime Phone #: <i>1-561-737-7733</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					