

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90163 008 ****70.00

DOCUMENT # N03995
 1. Entity Name
BETHESDA MEMORIAL HOSPITAL, INC.



40059319



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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-2447554

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

03302007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PHETERSON, ESQ., I. JEFFREY	
STREET ADDRESS	10361 ST ANDREWS ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	DEVITT, JR, FRES B.	
STREET ADDRESS	30 SE 4 AVE.	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOREM, STORMET C	
STREET ADDRESS	5720 OLD OCEAN BLVD, #5E	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	VT	<input type="checkbox"/> Delete
NAME	AQUILINA, JOANNE	
STREET ADDRESS	2815 S. SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOCH, WILLIAM F JR.	
STREET ADDRESS	545 GOLFVIEW DR.	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILL, ROBERT B.	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pheterson, ESQ., I. Jeffrey	
STREET ADDRESS	10361 St Andrews Road	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Love, MD, Fred W	
STREET ADDRESS	10 Camino Real East	
CITY-ST-ZIP	Boca Raton, FL 33429	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norem, Stormet C	
STREET ADDRESS	800 W Boynton Beach Blvd	
CITY-ST-ZIP	Boynton Beach, FL 3426	
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 exemptions contained in Chapter 119, 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: Joanne Aquilina 4/3/07 561-737-7933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Joanne Aquilina