

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03995

FILED
Apr 01, 2009
Secretary of State

Entity Name: BETHESDA MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

2815 S SEACREST BLVD.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2815 S SEACREST BLVD.
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 59-2447554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PHETERSON, ESQ., I. JEFFREY
Address: 10361 ST ANDREWS ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: LOVE MD, FRED W
Address: 315 NW 18TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: CASSADY, WILLIAM F
Address: 10 CAMINO REAL EAST
City-St-Zip: BOCA RATON, FL 33429

Title: VT () Delete
Name: AQUILINA, JOANNE
Address: 2815 S. SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: WEEMS MD, N.M
Address: 10827 GLENEAGLES ROAD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: P () Delete
Name: HILL, ROBERT B.
Address: 2815 S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE AQUILINA

VT

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date