

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03995

FILED  
Apr 07, 2010  
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:**

RITSON, GARY VP  
2815 S SEACREST BLVD  
BOYNTON BEACH, FL 33435 US

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: GARY RITSON

04/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: VP  
Name: KIRK, ROGER L  
Address: 2815 S SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

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

Title: VP  
Name: BROADWAY, ROBERT  
Address: 2815 S SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

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

I hereby 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 all other like empowered.

SIGNATURE: JOANNE AQUILINA

VP

04/07/2010

Electronic Signature of Signing Officer or Director

Date