

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03995

FILED  
Apr 20, 2011  
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:**

RITSON, GARY VP  
2815 S SEACREST BLVD  
BOYNTON BEACH, FL 33435 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  
Name: LOVE, FRED W MD  
Address: 315 NW 8TH STREET  
City-St-Zip: DELRAY BEACH, FL 33444

Title: S  
Name: SMITH, THOMAS  
Address: 96 NE 4TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

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: P  
Name: HILL, ROBERT B  
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

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date