

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03995

FILED
Mar 20, 2012
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: P
Name: KIRK, ROGER L
Address: 2815 S SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

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

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

VCFO

03/20/2012

Electronic Signature of Signing Officer or Director

Date