2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03995

1. Entity Name

RETHERDA MEMORIAL HORPITAL INC



FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90141 033 ****70.00

NAME SIRET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 TITLE D D D D D D D D D D D D D D D D D D D	DETTICODA WILMONIAL HOOFTIAL, INC.								
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City &	% JOEL T. STRAWN 54 NE 4TH AVE.		% JOEL T. STRAWN 54 NE 4TH AVE.			£ 18821141 & 1808	B 11118 IBIIO IBIBI BIII BIIBA BA	INI ANDIN BI ENI DID	il 2 (11) 1 12 1
City & State Country Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. S. 75 Additional For Fadditional For Fadditi	2. Principal Place of Business		3. Mailing Address						
Not Applicable Set	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
STRAWN, JOEL T., ESQUIRE STRAWN, JOEL T., ESQUIRE SITE AND STRAWN, JOEL T., ESQUIRE SITE AND JOEL T	City & State		City & State		4. FEI Number 59-2447554 Applied For Not Applied by				
STRAWN, JOEL T., ESQUIRE 54 NE 4TH AVE. 2 DELRAY BEACH FL 33483 City FL Zig Code FL Zig	Zip Country		Zip Cour			5. Certificate of Status Desired			
STRAWN, JOEL T., ESQUIRE 54 NE 4TH AVE. 2 DELRAY BEACH FL 33463 City FL Zio Code C		6. Name and Address of Curren	t Registered Agent		·= ·	7. Name and Addre	ess of New Registered	Agent	
SIGNATURE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing IT Trust Fund Contribution. DATE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing IT Trust Fund Contribution. DATE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing IT MAKE SIMEN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE NAME SIMEN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DELECTION SIMEN ADDITIONS CHANGES OFFICERS AND DIRECTORS IN 10 TILE DATE ADDITIONS OFFICERS AND DIRECTORS IN 10 TILE DOCA RATION FLOW OFFICERS AND DIRECTORS IN 10 TILE DOCA RATION FLOW OFFICERS AND DIRECTORS IN 10 TILE DOCA RATION FLOW OFFICERS AND DIRECTORS IN 10 TILE DOCA RATION FLOW OFFICERS AND DIRECTORS IN 10 TILE DOCA RATION FLOW OFFICERS AND DIRECTORS IN 10 TILE STREET ADDRESS CITY-ST-2P TILE STREET ADDRESS CITY-ST-2P DOCA RATION FLOW OFFICERS AND DIRECTORS IN 10 TILE DOCA RATION FLOW OFFICERS AND DIRECTORS IN 10 TILE STREET ADDRESS CITY-ST-2P TILE STREET ADDRESS CITY-ST-2P				N	ame				
6. 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 colligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title? expolation.					Street Address (P.O. Box Number is Not Acceptable)				
6. 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 colligations of registered agent. SIGNATURE Signature, typical or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinqualing) DATE	DELRAY	BEACH FL 33483							
SIGNATURE Signature Signature transport registered agent and size if applicable. (NOTE Registered Agent signature recurred when relocately of the relocately of the restriction of the relocated pagent and size if applicable. (NOTE Registered Agent signature recurred when relocated pagent signature recurred when rec				C	City			FL Zip Code	
FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D SMITH, THOMAS A STREET ADDRESS CITY-ST-ZIP BARNHARDT, L EDWARD DIRECTORS CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZIP TITLE D CAMINON REAL EAST CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33438 CITY-ST-ZIP DELRAY BEACH FL 33438 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33438 CITY-ST-ZIP CHARGE CHARGE CITY-ST-ZIP CHARGE		•	or the purpose of changing its	s registered of	ffice or register	ed agent, or both, in th	ne State of Florida. I am	familiar with,	and accept
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D	SIGNATURE .	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registered Age	nt signature required	when rainstating)	DATE		
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STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS	P HILL, ROBERT B. 2815 S. SEACREST BLVD.	☐ Delete	TITLE NAME STREET AD	DRESS			☐ Change	Addition

Indeedy decay may may me information supplied with this ming does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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:

561-737-7733