

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N19432 1. Entity Name WOMEN'S DIAGNOSTIC CENTER OF BETHESDA, INC.	
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Principal Place of Business 10301 HAGEN RANCH ROAD BOYNTON BEACH, FL 33437	Mailing Address 2815 S. SEACREST BLVD BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2771779	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STRAWN, JOEL T. 54 N.E. FOURTH AVENUE DELRAY BEACH, FL 33483	DO NOT WRITE IN THIS SPACE
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8. 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 obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000Y13816 05/08/08-80031-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STRAWN, JOEL T 54 N.E. 4TH AVE DELRAY BCH., FL 33438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HILL, ROBERT B. 2815 S. SEACREST BLVD. BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT AQUILINA, JOANNE 2815 S. SEACREST BLVD. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROADWAY, ROBERT L 2815 S. SEACREST BLVD. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRK, ROGER L 2815 S. SEACREST BLVD BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne L. Aquilina 4/15/08 561-732-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #