

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03995

**Entity Name:** BETHESDA HOSPITAL, INC.

**Current Principal Place of Business:**

2815 S SEACREST BLVD.  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

2815 S SEACREST BLVD.  
BOYNTON BEACH, FL 33435 US

**FEI Number:** 59-2447554

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name ELMORE, GEORGE T  
Address 2815 S SEACREST BLVD.  
City-State-Zip: BOYNTON BEACH FL 33435

Title VC  
Name DEVITT, FRED B JR ESQ.  
Address 2815 S SEACREST BLVD.  
City-State-Zip: BOYNTON BEACH FL 33435

Title CEO  
Name LAZO, NELSON  
Address 2815 S. SEACREST BLVD.  
City-State-Zip: BOYNTON BEACH FL 33435

Title SECRETARY  
Name NOREM, STORMET B JR.  
Address 2815 S. SEACREST BLVD.  
City-State-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:** NELSON LAZO

CEO

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date