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.

CEO

SIGNATURE: NELSON LAZO

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :**

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.

Title	С	Title	CEO	
Name	PHETERSON, I. JEFFREY ESQ.	Name	LAZO, NELSON	
Address	2815 S SEACREST BLVD.	Address	2815 S. SEACREST BLVD.	
City-State-Zip:	BOYNTON BEACH FL 33435	City-State-Zip:	BOYNTON BEACH FL 33435	
Title	SECRETARY			
Name	NOREM, STORMET B JR.			

SIGNATURE:

Address

2022 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

Name and Address of Current Registered Agent:

2815 S. SEACREST BLVD.

City-State-Zip: BOYNTON BEACH FL 33435

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

Certificate of Status Desired: No

04/14/2022

Date

Date