

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000065578

**Entity Name:** BETHSAIDA HEALTHCARE SYSTEM, INC.

**Current Principal Place of Business:**

910 OLD CAMP ROAD  
BLDG 140, SUITE 144  
THE VILLAGES, FL 32162

**Current Mailing Address:**

910 OLD CAMP ROAD  
BLDG 140, SUITE 144  
THE VILLAGES, FL 32162 US

**FEI Number:** 82-4465257

**Certificate of Status Desired:** No

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

AGBO, FELIX C  
910 OLD CAMP ROAD  
BLDG 140, SUITE 144  
THE VILLAGES, FL 32162 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 P,D  
Name AGBO, FELIX C  
Address 910 OLD CAMP ROAD, BLDG 140,  
SUITE 144  
City-State-Zip: THE VILLAGES FL 32162

Title VP,D  
Name AGBO, PEACE C  
Address 910 OLD CAMP ROAD, BLDG 140,  
SUITE 144  
City-State-Zip: THE VILLAGES FL 32162

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FELIX AGBO

**PRESIDENT**

**03/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date