

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704282 (3)

1. Corporation Name

BETHESDA HOSPITAL ASSOCIATION, INC.

Principal Place of Business

**2815 SOUTH SEACREST BLVD
BOYNTON BEACH FL 33435**

Mailing Address

**2815 SOUTH SEACREST BLVD
BOYNTON BEACH FL 33435**



3. Date Incorporated or Qualified

07/13/1962

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACOBS, ROXANNE
7850 AZTEC COURT
LAKE WORTH FL 33463**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

4 Lawrence Lake Drive

83

84 City

Boynton Beach

FL

85 Zip Code
33436

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **LANGAN, CHRISTINE R**
STREET ADDRESS **10539 CORALBERRY WAY**
CITY-ST-ZIP **BOYNTON BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **PLUM, WILLIAM M**
STREET ADDRESS **1715 DEL HAVEN DR**
CITY-ST-ZIP **DELRAY BEACH FL**

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **KIENTZY, GEORGE E JR**
STREET ADDRESS **12730 OAK ARBOR DR**
CITY-ST-ZIP **BOYNTON BEACH FL**

3.1 TITLE **V/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **DOUD, WALLACE C**
STREET ADDRESS **400 SEASAGE DR**
CITY-ST-ZIP **DELRAY BCH FL**

4.1 TITLE **S/D** ☐ Change ☒ Addition
4.2 NAME **LINDA P. GREENE**
4.3 STREET ADDRESS **1709 DEL HAVEN DRIVE**
4.4 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VD** ☒ DELETE
NAME **HALEY, JOHN A**
STREET ADDRESS **6110 N OCEAN BLVD**
CITY-ST-ZIP **OCEAN RIDGE FL**

5.1 TITLE **V/D** ☐ Change ☒ Addition
5.2 NAME **JOAN K. ORTHWEIN**
5.3 STREET ADDRESS **543 PALM WAY**
5.4 CITY-ST-ZIP **GULF STREAM FL**

TITLE **TD** ☒ DELETE
NAME **STAHL, LAWRENCE E**
STREET ADDRESS **4333 NORTH OCEAN BLVD EDN1**
CITY-ST-ZIP **DEALRAY BEACH FL**

6.1 TITLE **T/D** ☐ Change ☒ Addition
6.2 NAME **W. TUNSTALL SEARCY**
6.3 STREET ADDRESS **10035 LIMEBERRY DRIVE**
6.4 CITY-ST-ZIP **BOYNTON BEACH FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christine R. Langan* **Christine R. Langan**

2/21/96

407-734-0163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)