

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

DOCUMENT #
1. Corporation Name

704282

BETHESDA HOSPITAL ASSOCIATION, INC.

Principal Place of Business 2815 S. SEACREST BLVD. BOYNTON BEACH, FL 33435	Mailing Address P.O. BOX 2200 DELRAY BEACH, FL 33447-2200
-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------

3. Date Incorporated or Qualified 07/13/1962	3a. Date of Last Report 2/21/96
4. FEI Number 59-6137805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent

JACOBS, ROXANNE
4 LAWRENCE LAKE DRIVE
BOYNTON BEACH, FL 33436

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D BINDA P. GREENE 1709 DEL HAVEN DRIVE DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D JOAN K. ORTHWEIN 543 PALM WAY GULF STREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D W. TUNSTALL W. SEARCY 10035 LIMBERRY DRIVE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D GEORGE E. KIENTZY, JR. 12730 OAK ARBOR DRIVE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CHRISTINE R. LANGAN 10539 CORALBERRY WAY BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WILLIAM M. PLUM 1715 DEL HAVEN DRIVE DELRAY BEACH, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	000002233340 -07/03/97--01008--028 ***70.00
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DONALD L. BRYANT 1489 PARTRIDGE PLACE NORTH BOYNTON BEACH, FL
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7-8 28

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald L. Bryant*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/97
 Date

737-3904
 Daytime Phone #

CR2E037 (9/96)