

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 726781

1. Entity Name
THE AUXILIARY OF BETHESDA MEMORIAL HOSPITAL,
INC.



FILED

06 OCT 18 AM 10:10

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O TIMOTHY E. MONAGHAN
2815 S. SEACREST BLVD.
BOYNTON BCH., FL 33435

Mailing Address
C/O TIMOTHY E. MONAGHAN
2815 S. SEACREST BLVD.
BOYNTON BCH., FL 33435



10112006 REIN-NP CR2E099 (11/05) 06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-6519906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONAGHAN, TIMOTHY E
54 NE 4TH AVENUE
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME GULNICK, GLORIA
STREET ADDRESS 10974 GREENTRAIL DR S
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE VD ☒ Delete
NAME ALVAROE, SAUNDRA
STREET ADDRESS 680 NE 15TH PLACE
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE TD ☒ Delete
NAME KREHBIEL, EDWARD
STREET ADDRESS 1000 LOWRY ST 3F
CITY-ST-ZIP DELRAY BCH, FL

TITLE SD ☒ Delete
NAME WEEKS, PATSY
STREET ADDRESS 13 FAIRWAY DR
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME GERTRUDE WILLMS
STREET ADDRESS 301 LEISURE LAKE CIRCLE, #102
CITY-ST-ZIP BOYNTON BEACH, FL 33426-4247

TITLE TD ☒ Change ☐ Addition
NAME ROSAMOND SANTELLA
STREET ADDRESS 1057 CORAL DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE SD ☒ Change ☐ Addition
NAME ALICE DEYOE
STREET ADDRESS 4685 BUCIDA ROAD
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D ☒ Change ☐ Addition
NAME KREHBIEL, EDWARD
STREET ADDRESS 1000 LOWRY ST 3F
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosamond Santella

Rosamond Santella, Treasurer

561-734-4607

10/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #