2008 NOT-FOR-PROFIT CORPORATION: ANNUAL REPORT

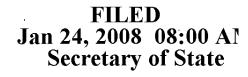
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THE AUXILIARY OF BETHESDA MEMORIAL HOSPITAL,

INC.

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





01142008 No Chg-NP

CR2E037 (4/06)

Daytime Phone #

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

changed, or on an attachment with an address, with all other like empowered

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

DO NOT WRITE IN THIS SPACE

the configurations of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and title if ap	oplicable (NQTE: Registered	ered Agent signature required when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	•		,
10.	OFFICERS AND DIRECTO	ORS	14.0	·	1. 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	\$ \$ \$ \$ # \$ \$ \$ \$. \$*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLMS, GERTRUDE 301 LEISURE LAKE CIRCLE #102 BOYNTON BEACH, FL 334264247				- U000000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTELLA, ROSAMOND 1057 CORAL DRIVE BOYNTON BEACH, FL 33426				01/25/08-	80002-022	61.25
TITLE NAME STREET ADORESS CITY-ST-ZIP	SD DEYOE, ALICE 4685 BUCIDA ROAD BOYNTON BEACH, FL 33436			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREHBIEL, EDWARD 1000 LOWRY ST 3F DELRAY BEACH, FL 33483			IN	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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							

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