


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 726781 1. Entity Name THE AUXILIARY OF BETHESDA MEMORIAL HOSPITAL, INC. |  |
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| 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 |
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DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|----------------|
| 01142008 No Chg-NP | | CR2E037 (4/06) |
| 4. FEI Number 59-6519906 | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

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|---|-------------------------------|
| 6. Name and Address of Current Registered Agent MONAGHAN, TIMOTHY E 54 NE 4TH AVENUE DELRAY BEACH, FL 33483 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLMS, GERTRUDE 301 LEISURE LAKE CIRCLE #102 BOYNTON BEACH, FL 334264247 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SANTELLA, ROSAMOND 1057 CORAL DRIVE BOYNTON BEACH, FL 33426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DEYOE, ALICE 4685 BUCIDA ROAD BOYNTON BEACH, FL 33436 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KREHBIEL, EDWARD 1000 LOWRY ST 3F DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Gertrude Willms 1-21-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #