



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 7294421 1. Entity Name BETHESDA MEMORIAL FUND, INCORPORATED						FILED 06 OCT 16 PM 1:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business BETHESDA MEMORIAL HOSPITAL BOYNTON BEACH, FL 33435				Mailing Address 2815 SOUTH SEACREST BLVD BOYNTON BEACH, FL 33435			
2. Principal Place of Business		3. Mailing Address		 10112006 REIN-NP CR2E099 (11/05) <i>67</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number 23-7366401		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STANLEY, CAROL MACMILLAN, ESQ. 29 N.E. FOURTH AVENUE DELRAY BEACH, FL 33444				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOWEN, MARGARET W 116 MARINE WAY DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080885306 10/16/06--01059--001 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGAN, CRIS 10539 CORALBERRY WAY BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/16/20</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABORN, LENORE 52 COUNTRY ROAD SOUTH VILLAGE OF GOLF, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLMS, GERTRUDE 301 LEISURE LAKE CR BOYNTON BCH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KREHBIEL, EDWARD 1000 LOWRY ST, 3F DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TIMM, JANE 3412 CHATELAINE BLVD DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Edward Krehbiel, Treasurer <i>Edward Krehbiel</i> 10-11-06 276-9607 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							