

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY - 1 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/04/95--01027--018  
\*\*\*3040.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H81718 (9)  
1. Corporation Name  
BETHESDA WELLNESS CENTER, INC.

Principal Place of Business Mailing Address  
C/O JOEL T. STRAWN  
54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt # etc 26 Suite, Apt # etc  
22 City & State 27 City & State  
23 City & State 28 City & State  
24 City & State 25 City & State 29 City & State 30 City & State

3. Date Incorporated or Qualified 3a. Date of Last Report  
10/21/1985 05/01/1994  
4. FEI Number Applied For  
59-2660407 Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
STRAWN, JOEL T.  
54 N.E. FOURTH AVENUE  
DELRAY BEACH FL 33483

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PELTZIE, KENNETH 2815 S SEACREST BLVD BOYNTON BCH FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	PD HILL, ROBERT B. 2815 S SEACREST BLVD BOYNTON BCH FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	VDT TAYLOR, ROBERT B., JR. 2815 S SEACREST BLVD BOYNTON BCH FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE	AS STRAWN, JOEL 54 N.E. 4TH AVENUE DELRAY BEACH FL	41 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	STRAWN, JOEL T.
STREET ADDRESS		43 STREET ADDRESS	54 NE 4th Avenue
CITY, ST, ZIP		44 CITY, ST, ZIP	Delray Beach, FL 33438
TITLE		51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	KIRK, ROGER L.
STREET ADDRESS		53 STREET ADDRESS	2815 S. Seacrest Blvd.
CITY, ST, ZIP		54 CITY, ST, ZIP	Boynton Beach, FL 33435
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	APT 511
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4-28-95 Date 407-278-9400 (Typed Name)