FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M83492

(2)

BETHESDA PROPERTY, INC.

Principal Place of Business

Mailing Address

3268 N OCEAN BLVD GULFSTREAM FL 33483 3268 N OCEAN BLVD GULFSTREAM FL 33483

FILED May 11 1998 8:00am Secretary of State



						03/24/1300		
rincipal Place of Business	2a	, Mailing Address		-		4. FEI Number		Applied For
_	26				_	65-0064538		Not Applicable
uite, Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	75 Additional e Required
ity & State	28	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
Country 25	29	Zip	30 Co.	intry			_	r Intangible
9. Name and Address of Current	Regi	stered Agent				10. Name and Address of New Registered	gent	
SELUA GANESH M.D.		<u> </u>	, ,	81	Name			
2623 \$. SEACREST BLVD SUITE 114				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	_	
BOYNTON BEACH FL 33435				В3				
				84	City	FL	85	Zip Code
	p Country 25 9. Name and Address of Current SELUA GANESH M.D. 2623 \$. SEACREST BLVD SUITE 114	p Country 29 9. Name and Address of Current Regist SELUA GANESH M.D. 2823 \$. SEACREST BLVD SUITE 114	26 Jite, Apt. #, etc. Suite, Apt. #, etc. 27 ty & State City & State 28 P Country 25 9. Name and Address of Current Registered Agent SELUA GANESH M.D. 2823 \$. SEACREST BLVD SUITE 114	p Country Zip Country Zip Country SELUA GANESH M.D. 2623 \$. SEACREST BLVD SUITE 114	26	26	### Apt. #, etc. Suite, Apt. #, etc.	A. FEI Number 28. Mailing Address 28. Mailing Address 28. Suite, Apt. #, etc. 27. City & State City & State Country 28. Country 29. 30 Selection Campaign Financing Fermion Country 29. Trust Fund Contribution Address of New Registered Agent SELUA GANESH M.D. 2823 \$. SEACREST BLVD SUITE 114 BOYNTON BEACH FL 33435

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				
	Signature, typed or printed name of registered agent and the if applicable	(NOTE: Registered Agent signature		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	DP □ DELE	TE 1.1 TITLE	☐ Change	Additi
NAME	GANESH, SELVA M.D.	1.2 NAME		
STREET ADDRESS	3268 N OCEAN BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	GULFSTREAM FL	1.4 CITY - S1 - ZIP		
TITLE	DELE	TÉ 2.1 TITLE	Change	Additi
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP	٠	
TALE	☐ DELE	TE 3.1 TITLE	Change	Additi
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	3.4 CITY-ST-ZIP		
TITLE	DELE	TE 4.1 TITLE	☐ Change	Additi
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	DELE	TE 5.1 TITLE	Change	Additi
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - 7IP		
TITLE	☐ DELE	TE 6.1 TITLE	Change	Additio
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplied entire that 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 epipowered 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 or an attachment with an address

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4130 /12