2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N03785

Entity Name: BETHESDA HEALTHCARE SYSTEM, INC.

Current Principal Place of Business:

2815 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2815 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 59-2447553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRAWN, JOEL T.,ESQ.
54 NE FOURTH AVE
DELRAY BCH., FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HILL, ROBERT B
Address: 2815 S SEACREST BLVD
City-St-Zip: BOYNTON BCH, FL

Title: C ( ) Delete
Name: NOREM, STORMET C
Address: 800 W BOYNTON BEACH BLVD
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete
Name: KOCH JR, WILLIAM F
Address: 545 GOLFVIEW DRIVE
City-St-Zip: GULFSTREAM, FL 33483

Title: S ( ) Delete
Name: DEVITT, FRED B JR ESQ
Address: 30 SE 4TH AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: ELMORE, GEORGE T
Address: 1320 N OCEAN BLVD
City-St-Zip: GULFSTREAM, FL 33483

Title: VT ( ) Delete
Name: AQUILINA, JOANNE
Address: 2815 S SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE AQUILINA VT 04/01/2009

Electronic Signature of Signing Officer or Director — Date