

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03785

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**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:**

RITSON, GARY VP  
2815 S SEACREST BLVD  
BOYNTON BEACH, FL 33435 US

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: GARY RITSON

04/07/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: VP  
Name: KIRK, ROGER L  
Address: 2815 S SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

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

Title: VP  
Name: BROADWAY, ROBERT  
Address: 2815 S SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP  
Name: AQUILINA, JOANNE  
Address: 2815 S SEACREST BLVD  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby 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 all other like empowered.

SIGNATURE: JOANNE AQUILINA

VP

04/07/2010

Electronic Signature of Signing Officer or Director

Date