

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03785

FILED
Apr 20, 2011
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:

RITSON, GARY VP
2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435 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
Name: HILL, ROBERT B
Address: 2815 S SEACREST BLVD
City-St-Zip: BOYNTON BCH, FL

Title: C
Name: KOCH, WILLIAM F JR
Address: 900 EAST ATLANTIC AVE #14
City-St-Zip: DELRAY BEACH, FL 33483

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

Title: S
Name: ELMORE, GEORGE T
Address: 2101 S CONGRESS AVE
City-St-Zip: DELRAY BEACH, FL 33445

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

04/20/2011

Electronic Signature of Signing Officer or Director

Date