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CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # N04765 (6)

1. Corporation Name

BETHESDA MEMORIAL MEDICAL CENTER, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% JOEL T. STRAWN 54 NE 4TH AVE. DELRAY BEACH FL 33483	% JOEL T. STRAWN 54 NE 4TH AVE. DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 08/20/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRAWN, JOEL T. 54 NE 4TH AVE. DELRAY BEACH FL 33483	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/state)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	PELTZIE, KENNETH	12 NAME		
STREET ADDRESS	2815 S. SEACREST	13 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	HILL, ROBERT B.	22 NAME		
STREET ADDRESS	2815 S. SEACREST BLVD.	23 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL	24 CITY ST ZIP		
TITLE	VDT	31 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, ROBERT B., JR.	32 NAME		
STREET ADDRESS	2815 S. SEACREST BLVD.	33 STREET ADDRESS		
CITY ST ZIP	BOYNTON BEACH FL	34 CITY ST ZIP		
TITLE	AS	41 TITLE	S	☒ Change ☐ Addition
NAME	STRAWN, JOEL T.	42 NAME	STRAWN, JOEL T.	
STREET ADDRESS	54 NE 4TH AVE.	43 STREET ADDRESS	54 NE 4th Avenue	
CITY ST ZIP	DELRAY BEACH FL	44 CITY ST ZIP	Delray Beach, FL 33438	
TITLE		51 TITLE	D	☐ Change ☒ 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		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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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 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joel T. Strawn 4-28-95 407-278-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013250