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FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N04765 (6)

1. Corporation Name

BETHESDA MEMORIAL MEDICAL CENTER, INC.

Principal Place of Business

% JOEL T. STRAWN  
54 NE 4TH AVE.  
DELRAY BEACH FL 33483

Mailing Address

% JOEL T. STRAWN  
54 NE 4TH AVE.  
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified

08/20/1984

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME PELTZIE, KENNETH  
STREET ADDRESS 2815 S. SEACREST  
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE PD  
NAME HILL, ROBERT B.  
STREET ADDRESS 2815 S. SEACREST BLVD.  
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE VDT  
NAME TAYLOR, ROBERT B., JR.  
STREET ADDRESS 2815 S. SEACREST BLVD.  
CITY-ST-ZIP BOYNTON BEACH FL

☐ DELETE

TITLE S  
NAME STRAWN, JOEL T  
STREET ADDRESS 54 NE 4TH AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33438

☐ DELETE

TITLE D  
NAME KIRK, ROGER L  
STREET ADDRESS 2815 S. SEACREST BLVD  
CITY-ST-ZIP BOYNTON BEACH FL 33435

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 in an attachment with an address.

SIGNATURE: *Sandra B. Morham*

5/17/98

561-737-7733

CP2E037 (10/97)