

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N04765

1. Entity Name
BETHESDA MEMORIAL MEDICAL CENTER, INC.



Principal Place of Business
2815 S. SEACREST BLVD
BOYNTON BEACH, FL 33435

Mailing Address
2815 S. SEACREST BLVD
BOYNTON BEACH, FL 33435



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILL, ROBERT B.
STREET ADDRESS	2815 S. SEACREST BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	VDI
NAME	TAYLOR, ROBERT B., JR.
STREET ADDRESS	2815 S. SEACREST BLVD.
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	S
NAME	STRAWN, JOEL T
STREET ADDRESS	54 NE 4TH AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33438
TITLE	D
NAME	KIRK, ROGER L
STREET ADDRESS	2815 S. SEACREST BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D
NAME	BROADWAY, ROBERT L
STREET ADDRESS	13155 SCAREST BLVD
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/05-80097-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert B. Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2005

Date

1-561-237-7733

Daytime Phone #