

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90141 018 ****61.25

1/18/03

DOCUMENT # N04765

1. Entity Name
BETHESDA MEMORIAL MEDICAL CENTER, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, ROBERT B. 2815 S. SEACREST BLVD. BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT TAYLOR, ROBERT B., JR. 2815 S. SEACREST BLVD. BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAWN, JOEL T 54 NE 4TH AVE. DELRAY BEACH FL 33438	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, ROGER L 2815 S. SEACREST BLVD BOYNTON BEACH FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Broadway, Robert L. 38155 Seacrest Blvd. Boynton Beach, FL 33435	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Joel T. Strawn* **REQUIRED** 4/1/03 561-937-7733

CR2E037 (10/02)