

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005687

FILED
Apr 14, 2009
Secretary of State

Entity Name: BETHESDA WEST HOSPITAL, INC.

Current Principal Place of Business:

54 NORTHEAST FOURTH AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435

Current Mailing Address:

54 NORTHEAST FOURTH AVENUE
DELRAY BEACH, FL 33483

New Mailing Address:

2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAWN, JOEL T
54 NORTHEAST FOURTH AVENUE
DELRAY BEACH, FL 33483 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: D () Delete
Name: HILL, ROBERT B
Address: 2815 SOUTH SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: KIRK, ROGER
Address: 2815 SOUTH SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: BROADWAY, ROBERT
Address: 2815 SOUTH SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: AQUILINA, JOANNE
Address: 2815 SOUTH SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: AQUILINA, JOANNE
Address: 2815 SOUTH SEACREST BOULEVARD
City-St-Zip: BOYNTON BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOANNE AQUILINA

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date