## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000005687

Apr 07, 2010 Secretary of State

Entity Name: BETHESDA WEST HOSPITAL, INC.

Current Principal Place of Business: New Principal Place of Business:

2815 S SEACREST BLVD BOYNTON BEACH, FL 33435

Current Mailing Address: New Mailing Address:

2815 S SEACREST BLVD BOYNTON BEACH, FL 33435

FEI Number: 27-1927726 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRAWN, JOEL T

54 NORTHEAST FOURTH AVENUE

DELRAY BEACH, FL 33483 US

RITSON, GARY VP

2815 S SEACREST BLVD

BOYNTON BEACH, FL 33435 US

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: GARY RITSON 04/07/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: F

Name: HILL, ROBERT B

Address: 2815 SOUTH SEACREST BOULEVARD

City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP

Name: KIRK, ROGER

Address: 2815 SOUTH SEACREST BOULEVARD

City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP

Name: BROADWAY, ROBERT

Address: 2815 SOUTH SEACREST BOULEVARD

City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP

Name: AQUILINA, JOANNE

Address: 2815 SOUTH SEACREST BOULEVARD

City-St-Zip: BOYNTON BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: JOANNE AQUILINA VP 04/07/2010