

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90005 024 ****61.25

DOCUMENT # N10841

1. Entity Name

BETHESDACARE, INC.

Principal Place of Business

% JOEL T STRAWN
 54 NE FOURTH AVENUE
 DELRAY BEACH FL 33483

Mailing Address

% JOEL T STRAWN
 54 NE FOURTH AVENUE
 DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2660142

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRAWN, JOEL T
54 NE FOURTH AVENUE
DELRAY BEACH FL 33483

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.

SIGNATURE

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

(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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **RODAK, JOY L**
 STREET ADDRESS **2815 S SEACREST BLVD**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE **D** ☐ Change ☒ Addition
 NAME **BROADWAY, ROBERT L.**
 STREET ADDRESS **2815 S. Seacrest Blvd.**
 CITY-ST-ZIP **BOYNTON Beach, FL 33435**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **STRAWN, JOEL T**
 STREET ADDRESS **54 NE 4 AVENUE**
 CITY-ST-ZIP **DELRAY BCH. FL 33438**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001

1-561-737-7733

Date

Daytime Phone #

CR2E037 (10/00)