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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20622** (9)

1. Corporation Name

BETHESDA MEDICAL BUILDINGS, INC.

Principal Place of Business

Mailing Address

C/O JOEL T. STRAWN
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483

C/O JOEL T. STRAWN
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483



3. Date Incorporated or Qualified

05/13/1987

4. FEI Number

59-2840263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRAWN, JOEL T.
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S STRAWN, JOEL T**

STREET ADDRESS **54 N.E. 4TH AVE.**

CITY-ST-ZIP **DELRAY BCH. FL 33438**

TITLE ☐ DELETE

NAME **PD HILL, ROBERT B.**

STREET ADDRESS **2815 S. SEACREST BLVD.**

CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME **VTD TAYLOR, ROBERT B., JR.**

STREET ADDRESS **2815 S. SEACREST BLVD.**

CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ DELETE

NAME **D PELTZIE, KENNETH**

STREET ADDRESS **2815 S. SEACREST BLVD.**

CITY-ST-ZIP **BOYNTON BCH. FL**

TITLE ☐ DELETE

NAME **O KIRK, ROGER L**

STREET ADDRESS **2815 S. SEACREST BLVD**

CITY-ST-ZIP **BOYNTON BEACH FL 33435**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert B. Taylor

4/27/98

561-737-7733

CR2E037 (10/97)