[redacted]OW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N93000003986 (7)

1. Corporation Name

BETHESDA PHYSICIAN HOSPITAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
2815 S SEACREST BLVD BOYNTON BEACH FL 33435	2815 S SEACREST BLVD BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 08/31/1994
4. FEI Number: 65-0490853 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HILL, ROBERT B
2815 S SEACREST BLVD
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

31 STRAWN, JOEL T.
32 54 NE 4th Avenue
33 Delray Beach, FL 33438
34 FL 65 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statements for the purpose of changing its registered office and/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 607.0505, Florida Statutes.

SIGNATURE: Joel T. Strawn 5/19/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUELLER, GEORGE
STREET ADDRESS	2523 S SEACREST BLVD, SUITE 118
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	VD
NAME	HILL, ROBERT B
STREET ADDRESS	2815 S SEACREST BLVD
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	TD
NAME	TAYLOR, ROBERT B JR
STREET ADDRESS	2815 S SEACREST BLVD
CITY-ST-ZIP	BOYNTON BEACH FL 33435
TITLE	SD
NAME	LEE, KENNETH M.D.
STREET ADDRESS	1325 S. CONGRESS AVE., STE 108
CITY-ST-ZIP	BOYNTON BEACH FL 33426
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D
1.2 NAME	KIRK, ROGER L.
1.3 STREET ADDRESS	2815 S. Seacrest Blvd.
1.4 CITY-ST-ZIP	Boynton Beach, FL 33435
2.1 TITLE	D
2.2 NAME	CASSADY, WILLIAM F.
2.3 STREET ADDRESS	2815 S. Seacrest Blvd.
2.4 CITY-ST-ZIP	Boynton Beach, FL 33435
3.1 TITLE	D
3.2 NAME	KHAN, ZAKIR
3.3 STREET ADDRESS	2815 S. Seacrest
3.4 CITY-ST-ZIP	Boynton Beach, FL 33435
4.1 TITLE	D
4.2 NAME	LITINSKY, STEVEN
4.3 STREET ADDRESS	2815 S. Seacrest Blvd.
4.4 CITY-ST-ZIP	Boynton Beach, FL 33435
5.1 TITLE	D
5.2 NAME	SPIRAZZA, CARL
5.3 STREET ADDRESS	2815 S. Seacrest Blvd.
5.4 CITY-ST-ZIP	Boynton Beach, FL 33435
6.1 TITLE	D
6.2 NAME	DEGEROME, JAMES III
6.3 STREET ADDRESS	2815 S. Seacrest Blvd.
6.4 CITY-ST-ZIP	Boynton Beach, FL 33435

☐ Change ☒ Addition

See attached

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joel T. Strawn 4/28/95 (407) 278-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOEL T. STRAWN

N93-39860

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D
Norem, Stormet C.
2815 S. Seacrest
Boynton Beach, FL 33435

D
Weems, N.M., Jr.
2815 S. Seacrest
Boynton Beach, FL 33435

S
Strawn, Joel T.
54 NE 4th Avenue
Delray Beach, FL 33483