

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000003986 (7)**

1. Corporation Name

**BETHESDA PHYSICIAN HOSPITAL ORGANIZATION, INC.**



Principal Place of Business

**2815 S SEACREST BLVD  
BOYNTON BEACH FL 33435**

Mailing Address

**2815 S SEACREST BLVD  
BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified  
**09/02/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRAWN, OEL T  
54 NE 4TH AVE.  
DELRAY BEACH FL 33438**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIRK, ROGER L	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASSADY, WILLIAM F	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KHAN, ZAKIR B JR	
STREET ADDRESS	2815 S SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITINSKY, STEVEN	
STREET ADDRESS	2815 SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPIRAZZA, CARL	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEGEROME, AMES III	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MUELLER, GEORGE	
1.3 STREET ADDRESS	2523 S SEACREST BLVD SUITE 118	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HILL, ROBERT B.	
2.3 STREET ADDRESS	2815 S SEACREST BLVD	
2.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435	
3.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KIRK, ROGER L	
3.3 STREET ADDRESS	2815 S SEACREST BLVD	
3.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TAYLOR, ROBERT B. JR.	
4.3 STREET ADDRESS	2815 S SEACREST BLVD	
4.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEE, KENNETH M.D.	
5.3 STREET ADDRESS	1325 S. CONGRESS AVE SUITE 108	
5.4 CITY-ST-ZIP	BOYNTON BEACH FL 33446	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CASSADY, WILLIAM F	
6.3 STREET ADDRESS	2815 S. SEACREST BLVD	
6.4 CITY-ST-ZIP	BOYNTON BEACH FL 33435	

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)(k), 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:

*Roger L. Kirk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/96*  
DATE

*(407) 737-7733*  
DAYTIME PHONE #

CR2E037 (12/95)