

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # N93000003986 (7)
1. Corporation Name

BETHESDA PHYSICIAN HOSPITAL ORGANIZATION, INC.

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

3. Date Incorporated or Qualified 09/02/1993 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0490853 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	---

9. Name and Address of Current Registered Agent

STRAWN, JOEL T.
54 NE 4th AVE.
DELRAY BEACH, FL 33438

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, GEORGE	1.2 NAME	
STREET ADDRESS	2523 S. SEACREST BLVD., SUITE 118	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ROBERT B.	2.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, ROGER L.	3.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT B., Jr.	4.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, KENNETH, M.D.	5.2 NAME	
STREET ADDRESS	1325 S. CONGRESS AVE., SUITE 108	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSADY, WILLIAM F.	6.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	6.4 CITY-ST-ZIP	

700002193697
-05/28/97--01085--023
***61.25

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/1997
Date

Daytime Phone #

CR2E037 (9/96)