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Apr 09, 1999 8:00 am
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04-09-1999 90052 022 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002097

1. Corporation Name

BETHESDA HEALTH CITY, INC.

Principal Place of Business
2815 SOUTH SEACREST BLVD.
BOYNTON BEACH FL 33435

Mailing Address
2815 SOUTH SEACREST BLVD.
BOYNTON BEACH FL 33435



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/02/1995

4. FEI Number
65-0561263

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

9. Name and Address of Current Registered Agent

MONAGHAN, TIMOTHY E ESQ.
54 N.E. FOURTH AVENUE
DELRAY BEACH FL 33483

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

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	D	DELETE
NAME	LOVE, FRED W M.D.	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33425	
TITLE	P	DELETE
NAME	HILL, ROBERT B	
STREET ADDRESS	2815 S SEACREST-BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33425	
TITLE	CD	DELETE
NAME	NOREM, STORMET C	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	T	DELETE
NAME	TAYLOR, ROBERT B	
STREET ADDRESS	2815 S SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	SD	DELETE
NAME	BARNHARDT, L. EDWARD	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	DELETE
NAME	WEEMS, N.M. JR	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

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, with all other like empowered.

SIGNATURE: x *Robert B. Taylor, Jr.* SIGNATURE REQUIRED ROBERT B. TAYLOR, JR. 3/24/99 (561)737-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/1/98)