

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000002097**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0561263

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, ROGER L	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33425	

TITLE	P	<input type="checkbox"/> Delete
NAME	HILL, ROBERT B	
STREET ADDRESS	2815 S SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33425	

TITLE	S	<input type="checkbox"/> Delete
NAME	STRAWN, JOEL T	
STREET ADDRESS	54 NE 4TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33438	

TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERT B	
STREET ADDRESS	2815 S SEACREST BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODAK, JOY L	
STREET ADDRESS	2815 S. SEACREST BLVD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROADWAY ROBERT L.	
STREET ADDRESS	2815 S. Seacrest BLVD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/24/2001**
Date**1-561-737-7733**
Daytime Phone #**FILED**
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90005 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)