


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90020 017 \*\*\*\*61.25

<b>DOCUMENT # N95000002097</b>					
<b>1. Entity Name</b> BETHESDA HEALTH CITY, INC.					
<b>Principal Place of Business</b> 2815 SOUTH SEACREST BLVD. BOYNTON BEACH, FL 33435			<b>Mailing Address</b> 2815 SOUTH SEACREST BLVD. BOYNTON BEACH, FL 33435		
<b>2. Principal Place of Business</b> 10301 Hagen Ranch Road Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>Boynton Beach, FL</b>		<b>3. Mailing Address</b> 2815 S Seacrest Blvd Suite, Apt. #, etc. City & State <b>Boynton Beach, FL</b>		<b>54033821</b>	
Zip <b>33437</b>		Country		<b>4. FEI Number</b> <b>65-0561263</b>	
Zip <b>33437</b>		Country <b>33435</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MONAGHAN, TIMOTHY E ESQ. 54 N.E. FOURTH AVENUE DELRAY BEACH, FL 33483				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, ROGER L 2815 S. SEACREST BLVD. BOYNTON BEACH, FL 33425	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILL, ROBERT B 2815 S SEACREST BLVD BOYNTON BEACH, FL 33425	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAWN, JOEL T 54 NE 4TH AVENUE DELRAY BEACH, FL 33438	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, ROBERT B 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAODWAY, ROBERT L 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert B. Taylor</u>		3/29/2004 (561) 737-7733		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					