

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000002097

1. Entity Name
BETHESDA HEALTH CITY, INC.



Principal Place of Business
10301 HAGEN RANCH ROAD
SUITE 100
BOYNTON BEACH, FL 33435

Mailing Address
2815 S. SEACREST BLVD
BOYNTON BEACH, FL 33435



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KIRK, ROGER L
STREET ADDRESS 2815 S. SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH, FL 33425

TITLE P
NAME HILL, ROBERT B
STREET ADDRESS 2815 S SEACREST BLVD
CITY-ST-ZIP BOYNTON BEACH, FL 33425

TITLE S
NAME STRAWN, JOEL T
STREET ADDRESS 54 NE 4TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33438

TITLE T
NAME TAYLOR, ROBERT B
STREET ADDRESS 2815 S SEACREST BLVD
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE D
NAME BRAODWAY, ROBERT L
STREET ADDRESS 2815 S SEACREST BLVD
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000303064
04/13/05-80097-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Robert B. Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2005

Date

1-361-737-7733

Daytime Phone #