

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90003 017 ****61.25

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**

50022984



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
65-0561263

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. 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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
Joanne Aquilina
2815 S. Seacrest Blvd
Boynton Beach, FL 33435** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/06

561-737-7733

Date

Daytime Phone #

Joanne I. Aquilina