2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # N95000002097

1. Entity Name
BETHESDA HEALTH CITY, INC.

Principal Place of Business	Mailing Address
10301 HAGEN RANCH ROAD SUITE 100 BOYNTON BEACH, FL 33435	2815 S. SEACREST BLVD BOYNTON BEACH, FL 33435

DO NOT WRITE IN THIS SPACE

03192007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	VT
NAME	AQUILINA, JOANNE
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	

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04/24/07-80038-011 61.25

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: Joanne d Aquilina 4/03/07 561-737-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Joanne Aquilina