

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90036 019 ****61.25

DOCUMENT # N95000002097

1. Entity Name
BETHESDA HEALTH CITY, INC.



40098317

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142008 Chg-NP CR2E037 (12/06)

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

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. 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, 2008**

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

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

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

TITLE S ☐ Delete
NAME STRAWN, JOEL T
STREET ADDRESS 54' NE 4TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33438

TITLE VT ☐ Delete
NAME AQUILINA, JOANNE
STREET ADDRESS 2815 S SEACREST BLVD
CITY-ST-ZIP BOYNTON BEACH, FL 33435

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE D ☒ Change ☐ Addition
NAME Broadway, Robert L
STREET ADDRESS 2815 S Seacrest Blvd
CITY-ST-ZIP Boynton Beach, FL 33435

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

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

Date

Daytime Phone #

Joanne L. Aquilina

4/15/08

561-
737-7733