

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002097

FILED
Apr 01, 2009
Secretary of State

Entity Name: BETHESDA HEALTH CITY, INC.

Current Principal Place of Business:

10301 HAGEN RANCH ROAD
SUITE 100
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2815 S. SEACREST BLVD
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0561263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KIRK, ROGER L
Address: 2815 S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33425

Title: P () Delete
Name: HILL, ROBERT B
Address: 2815 S SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33425

Title: S () Delete
Name: STRAWN, JOEL T
Address: 54 NE 4TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33438

Title: VT () Delete
Name: AQUILINA, JOANNE
Address: 2815 S SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: BROADWAY, ROBERT L
Address: 2815 S SEACREST BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE AQUILINA

VT

04/01/2009

Electronic Signature of Signing Officer or Director

Date