

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074041 (2)

1. Corporation Name

BETHSEDA MEMORY DISORDERS CENTER, INC.

Principal Place of Business

54 NE FOURTH AVENUE
DELRAY BEACH FL 33483

Mailing Address

54 NE FOURTH AVENUE
DELRAY BEACH FL 33483

500001475545

-05/04/95--01027--018

****3040.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

24

2b. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29

30

4. FEI Number

65-0525421

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRAWN, JOEL T
54 NE FOURTH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature Agent or person authorized to accept appointment as registered agent

Signature Registered Agent (signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY ST ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY ST ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY ST ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY ST ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY ST ZIP

PD

HILL, ROBERT B.

2815 S. Seacrest Blvd.

Boynton Beach, FL 33435

D

KIRK, ROGER L.

2815 S. Seacrest Blvd.

Boynton Beach, FL 33435

S

STRAWN, JOEL T.

54 NE 4th Avenue

Delray Beach, FL 33438

D

FELTZIE, KENNETH G.

2815 S. Seacrest Blvd.

Boynton Beach, FL 33435

TDV

TAYLOR, ROBERT B.

2815 S. Seacrest Blvd.

Boynton Beach, FL 33435

BP 511

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

401-278-9400