

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/05/1994

3a. Date of Last Report

05/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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 of the person named as registered agent and the address of the corporation

Signature of Registered Agent (signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

S

☐ DELETE

NAME

STRAWN, JOEL T

STREET ADDRESS

54 NE FOURTH AVENUE

CITY- ST- ZIP

DELRAY BEACH FL 33483

TITLE

PD

☐ DELETE

NAME

HILL, ROBERT B

STREET ADDRESS

2815 S. SEACREST BLVD

CITY- ST- ZIP

BOYNTON BEACH FL 33435

TITLE

D

☐ DELETE

NAME

KIRK, ROGER L

STREET ADDRESS

2815 S. SEACREST BLVD

CITY- ST- ZIP

BOYNTON BEACH FL 33435

TITLE

D

☐ DELETE

NAME

PELZIE, KENNETH G

STREET ADDRESS

2815 S. SEACREST BLVD

CITY- ST- ZIP

BOYNTON BEACH FL 33435

TITLE

TOV

☐ DELETE

NAME

TAYLOR, ROBERT B

STREET ADDRESS

2815 S. SEACREST BLVD

CITY- ST- ZIP

BOYNTON BEACH FL 33435

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

☐ Change

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert B. Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

(407) 237-7733

Date

Daytime Phone #

CR2E034 (12/95)