

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V32162** (2)
1. Corporation Name
BETHESDA MEDICAL/SURGICAL SPECIALIST, INC.



Principal Place of Business 54 NE 4 AVE DELRAY BEACH FL 33483	Mailing Address 54 NE 4 AVE DELRAY BEACH FL 33483-4529
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1992	3a. Date of Last Report 04/15/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0353232		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**STRAWN, JOEL T
54 NE 4 AVE
DELRAY BEACH FL 33483**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, ROBERT B.	1.2 NAME	
STREET ADDRESS	2815 S SEACREST BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TDV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT B	2.2 NAME	
STREET ADDRESS	2815 S SEACREST BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, ROGER L.	3.2 NAME	
STREET ADDRESS	2815 S SEACREST BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELZIE, KENNETH G	4.2 NAME	
STREET ADDRESS	2815 S. SEACREST BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWN, JOEL T	5.2 NAME	
STREET ADDRESS	54 NE 4TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33438	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/97

(561) 737-7733

Date

Daytime Phone #

CR2E034 (9/96)