

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03995

Entity Name: BETHESDA HOSPITAL, INC.

Current Principal Place of Business:

2815 S SEACREST BLVD.
BOYNTON BEACH, FL 33435

Current Mailing Address:

2815 S SEACREST BLVD.
BOYNTON BEACH, FL 33435

FEI Number: 59-2447554

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHAPIRO, KIMBERLY ESQ.
2815 S SEACREST BLVD
BOYNTON BEACH, FL 33435 US

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: KIMBERLY SHAPIRO, ESQ.

01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name PHETERSON, I. JEFFREY ESQ.
Address 2815 S SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

Title S
Name ELMORE, GEORGE T
Address 2815 S SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

Title P
Name KIRK, ROGER L
Address 2815 S SEACREST BLVD
City-State-Zip: BOYNTON BEACH FL 33435

Title VCFO
Name AQUILINA, JOANNE
Address 2815 S. SEACREST BLVD
City-State-Zip: BOYNTON BEACH FL 33435

I hereby 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 all other like empowered.

SIGNATURE: JOANNE AQUILINA

CFO/VP FINANCE

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date