

2020 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: No

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R ESQ.
6855 RED ROAD - STE. 600
CORAL GABLES, FL 33143 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CEO
Name LAZO, NELSON
Address 2815 S SEACREST BLVD
City-State-Zip: BOYNTON BEACH FL 33435

Title SECRETARY
Name NOREM, STORMET B JR.
Address 2815 S. SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

Title VC
Name DEVITT, FRED B JR ESQ.
Address 2815 S SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

Title VP
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

VP

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date