

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002097

**Entity Name:** BETHESDA HEALTH CITY, INC.

**Current Principal Place of Business:**

10301 HAGEN RANCH ROAD  
SUITE 100  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

2815 S. SEACREST BLVD  
BOYNTON BEACH, FL 33435

**FEI Number:** 65-0561263

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RITSON, GARY VP  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name KIRK, ROGER L  
Address 2815 S. SEACREST BLVD.  
City-State-Zip: BOYNTON BEACH FL 33425

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

Title VPS  
Name BROADWAY, ROBERT L  
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

02/02/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date