

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90020 038 ****61.25

DOCUMENT # 701448

1. Entity Name

BERT FISH MEDICAL CENTER AUXILIARY, INC., NEW SMYRNA BEACH, FLORIDA

Principal Place of Business

Mailing Address

401 PALMETTO ST
 NEW SMYRNA BEACH FL 32168

401 PALMETTO ST
 NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1054892

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERCHEK, JACQUELINE
418 QUAY ASSISI
NEW SMYRNA BEACH FL 32169

Name **VIRGINIA GALASIESKI**

Street Address (P.O. Box Number is Not Acceptable)
16 BLUE HERON DRIVE

City **EDGEWATER**

FL

Zip Code **32141**

8. 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 *x Virginia Galasieski*
Virginia Galasieski - President

DATE **1/14/02**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	HERCHEK, JACQUELINE	418 QUAY ASSISI	NEW SMYRNA BEACH FL 32169	<input checked="" type="checkbox"/>
T	CHARLES, JOYCE E	2000 OLD MISSION RD	NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/>
VP	GALASIESKI, VIRGINIA	16 BLUE HERON DR	EDGEWATER FL 32141	<input checked="" type="checkbox"/>
S	GRANT, VIVIAN L	909 MIDWAY ST	NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/>
D	O'BRIEN, LORETTA	1804 JUNIPER DR	EDGEWATER FL 32132	<input checked="" type="checkbox"/>
D	REED, MARY	3830 SAXON DR	NEW SMYRNA BEACH FL 32169	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	GALASIESKI, VIRGINIA	16 BLUE HERON DR.	EDGEWATER, FL 32141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	REJIMBAL, JANEET	4412 SAXON DR.	NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	CADDEN, FAYE	2716 ORANGE TREE DR.	EDGEWATER, FL 32141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Charles, Joyce	2000 Old Mission Rd	NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HARRITON, DONNA	793 PINE SHORES CIR	NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Keyes, ESTIE	2401 S. ATLANTIC AVE 2205	NEW SMYRNA BEACH, FL 32149	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet R. Rejimbald*
Janet R. Rejimbald - Treasurer

Date **1-14-02**

Daytime Phone # **386-426-6353**

CR2E037 (9/01)