

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701448

FILED  
Jan 11, 2008  
Secretary of State

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

**Current Principal Place of Business:**

401 PALMETTO ST  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

401 PALMETTO ST  
MAIL BOX #8  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-1054892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NORMAN, RONALD W  
101 LAKE FAIRGREEN CIR  
NEW SMYRNA BEACH, FL 32168      US

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

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HICKSON, JOHN M  
Address: 673 MIDDLEBURY LOOP  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD      ( ) Delete  
Name: HOLMES, ROCKNE  
Address: 714 PINE SHORE DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D      ( ) Delete  
Name: HEMLER, CHARLES  
Address: 3205 TAMARIND DR  
City-St-Zip: EDGEWATER, FL 32141

Title: VPD      ( ) Delete  
Name: HEMLER, POLLY  
Address: 3205 TAMARIND DR.  
City-St-Zip: EDGEWATER, FL 32141

Title: TD      ( ) Delete  
Name: NORMAN, RONALD W  
Address: 101 LAKE FAIRGREEN CIR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD      ( ) Delete  
Name: HOWINGTON, ANTONIO  
Address: 107 LAKE FAIRGREEN CIR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD W NORMAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

01/11/2008

\_\_\_\_\_  
Date