

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701448

FILED
Mar 21, 2009
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:

HICKSON, JOHN M
673 MIDDLEBURY LOOP
NEW SMYRNA BEACH, FL 32168 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: JOHN M. HICKSON

03/21/2009

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: TD (X) Change () Addition
Name: HICKSON, JOHN M
Address: 673 MIDDLEBURY LOOP
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD (X) Change () Addition
Name: HEMLER, POLLY
Address: 3205 TAMARIND DR
City-St-Zip: EDGEWATER, FL 32141

Title: PED (X) Change () Addition
Name: HEMLER, CHARLES
Address: 3205 TAMARIND DR
City-St-Zip: EDGEWATER, FL 32141

Title: VPD (X) Change () Addition
Name: O'BRIAN, LORETTA
Address: 4252 ACORN AVE.
City-St-Zip: BUNNELL, FL 32110

Title: TD (X) Change () Addition
Name: HICKSON, JOHN M
Address: 673 MIDDLEBURY LOOP
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: JOHN M. HCKSON

TREA

03/21/2009

Electronic Signature of Signing Officer or Director

Date