

2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 20, 2011
Secretary of State**

DOCUMENT# 701448

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:

PATTERSON, MERIS
401 PALMETTO STREET
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: MERIS PATTERSON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HEMLER, CHARLES
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP
Name: BANKSTON, GATOR
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP
Name: HUNT, BEVERLY
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA, FL 32168

Title: S
Name: EVERHART, BEVERLY
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA, FL 32168

Title: T
Name: PATTERSON, MERIS
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: CHARLES HEMLER

PRES

10/20/2011

Electronic Signature of Signing Officer or Director

Date