

**FEE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Barbara B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 17 AM 10:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N93000005451 (0)**

1. Corporation Name

**BERT FISH MEDICAL CENTER FOUNDATION, INC.**

Principal Place of Business

Mailing Address

401 PALMETTO STREET  
NEW SMYRNA BEACH FL 32168

P.O. BOX 1000  
NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/03/1993</b>	3a. Date of Last Report <b>08/15/1994</b>
4. FEI Number <b>59-3219250</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEEKIN, JAMES F JR  
215 N EOLA DRIVE  
ORLANDO FL 32802

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Hugh L. Jones, MD President 508 3rd Ave. New Smyrna Beach, FL 32169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Lynn Bittel Vice-Pres. 450 Quay Assisi New Smyrna Beach, FL 32169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Raymond E. Custer Sec. P.O. Box 1285 New Smyrna Beach, FL 32170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Gerard Cambria Treasurer 731 St. Andrews Circle New Smyrna Beach, FL 32168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Walt Warning Director 4303 S. Atlantic Ave. New Smyrna Beach, FL 32169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Robert B. Trumbo, Jr. Dir. 340 No. Causeway New Smyrna Beach, FL 32169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	Kay W. Trask Director 128 Sand Pine Place New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	Steve Burkhalter Dir. 4368 Saxon Drive New Smyrna Beach, FL 32169 <input checked="" type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	Tedd Jakomas Dir. 1051 Sugar Mill Drive New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	Avrohm W. Faber Past Pres. 448 Quay Assisi New Smyrna Beach, FL 32169 <input checked="" type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	Frederick Cooper Dir. 720 Green Rd. New Smyrna Beach, FL 32168 <input checked="" type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Date: *[Signature]* (Signature Required)