

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**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

3. Date Incorporated or Qualified  
**12/03/1993**

3a. Date of Last Report  
**03/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**59-3219250**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	TRASK, KAY W	
STREET ADDRESS	128 SAND PINE PLACE	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BITTEL, LYNN	
STREET ADDRESS	450 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAKOMAS, TEDD	
STREET ADDRESS	1051 SUGAR MILL DR.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAMBRIA, GERALD	
STREET ADDRESS	731 ST. ANDREWS CIR.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARNING, WALT	
STREET ADDRESS	4303 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRUMBO, ROBERT B	
STREET ADDRESS	340 NO. CAUSEWAY	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

*Lynn P. Bittel, V.P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96  
Date

426-6328  
Daytime Phone #

CR2E037 (12/95)