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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

101 PALMETTO STREET
NEW SMYRNA BEACH FL 32168

P.O. BOX 1000
NEW SMYRNA BEACH FL 32170-1000

3. Date Incorporated or Qualified
12/03/1993

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3219250

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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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 DELETE
NAME TRASK, KAY W
STREET ADDRESS 128 SAND PINE PLACE
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP DELETE
NAME BITTEL, LYNN
STREET ADDRESS 450 QUAY ASSISI
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME JAKOMAS, TEDD
STREET ADDRESS 1051 SUGAR MILL DR.
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME CAMBRIA, GERALD
STREET ADDRESS 731 ST. ANDREWS CIR.
CITY-ST-ZIP NEW SMYRNA BCH FL 32168

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME WARNING, WALT
STREET ADDRESS 4303 S. ATLANTIC AVE.
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME TRUMBO, ROBERT B
STREET ADDRESS 340 NO. CAUSEWAY
CITY-ST-ZIP NEW SMYRNA BCH FL 32169

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Bittel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/97

CR2E037 (9/96)