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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 401 PALMETTO STREET, NEW SMYRNA BEACH FL 32168
Mailing Address: P.O. BOX 1000, NEW SMYRNA BEACH FL 32170

3. Date Incorporated or Qualified: 12/03/1993
4. FEI Number: 59-3219250
6. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: HEekin, James F Jr, 215 N EOLA DRIVE, ORLANDO FL 32802

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 applicable, or as an attachment with an address.

SIGNATURE: _____

5/28/98

CR2E037 (10/97)