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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005451

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



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 12/03/1993 4. FEI Number 59-3219250 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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 Name, 82 Street Address, 83, 84 City, 85 Zip Code FL

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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names and addresses of Trask, Kay W; Bittel, Lynn; Jakomas, Tedd; Cambria, Gerald; Warning, Walt; Trumbo, Robert B.

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Date _____ Daytime Phone # _____

CR2E037 (1/98)