

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005451

FILED
Jan 20, 2011
Secretary of State

Entity Name: BERT FISH MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

401 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3219250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S
Name: CLOWER, KAY W
Address: 128 SAND PINE PLACE
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: D
Name: FABER, CHERYL
Address: 448 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T
Name: O'MEARA, BILL
Address: 1118 LOCH LOMOND CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: MEYER, CHARLES
Address: 242 SWEET BAY AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VC
Name: WILLIAMS, FULTON
Address: 875 ANGELFISH AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: C
Name: PRESTON, WILLIAM
Address: 143 CANAL STREET
City-St-Zip: NEW SMYRNA BCH, FL 32168

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM PRESTON

C

01/20/2011

Electronic Signature of Signing Officer or Director

Date