

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 07, 2011
Secretary of State**

DOCUMENT# N93000005451

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:**401 PALMETTO STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-3219250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:**Name and Address of New Registered Agent:**HARRELL, STEVE
401 PALMETTO ST
NEW SMYRNA BEACH, FL 32168 US

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: STEVE HARRELL

07/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: S
Name: GEISLER, BECKY
Address: 5300 S ATLANTIC AVE #5602
City-St-Zip: NEW SMYRNA BCH, FL 32169Title: D
Name: FABER, CHERYL
Address: 448 QUAY ASSISI
City-St-Zip: NEW SMYRNA BEACH, FL 32169Title: T
Name: O'MEARA, BILL
Address: 1118 LOCH LOMOND CT
City-St-Zip: NEW SMYRNA BEACH, FL 32168Title: D
Name: MEYER, CHARLES
Address: 242 SWEET BAY AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168Title: VC
Name: WILLIAMS, FULTON
Address: 875 ANGELFISH AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169Title: 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: STEVE HARRELL

RA

07/07/2011

Electronic Signature of Signing Officer or Director

Date