


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90081 013 ****61.25

DOCUMENT # N93000005451

1. Entity 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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-3219250**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CLOWER, KAY W	
STREET ADDRESS	128 SAND PINE PLACE	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABER, CHERYL	
STREET ADDRESS	448 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, HUGH	
STREET ADDRESS	508 THIRD AVE	
CITY-ST-ZIP	NEW SMRNA BCH FL 32169	
TITLE	DC	<input type="checkbox"/> Delete
NAME	NELSON, JONES	
STREET ADDRESS	304 DESOTO DR	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERCHEK, BOB	
STREET ADDRESS	418 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRESTON, WILLIAM	
STREET ADDRESS	143 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Robert A. Herchek* 4-21-03 424-505

CR2E037 (10/02)