

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001178 (1)

1. Corporation Name

BERT FISH MEDICAL CENTER, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. BOX 1350**

22 City & State

27 City & State
NEW SMYRNA BEACH, FL

24 Zip Country

25

29 Zip Country

30 **32170-1350**

4. FEI Number

59-3306983

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**HEEKIN, JAMES F JR
215 NORTH EOLA DRIVE
ORLANDO FL 32701**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSEY, JOHN	
STREET ADDRESS	401 PALMETTO STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNSFORD, AUBREY S	
STREET ADDRESS	401 PALMETTO STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBRIGHT, JOHN M	
STREET ADDRESS	401 PALMETTO STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, FRANCES R	
STREET ADDRESS	401 PALMETTO STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, RICHARD	
STREET ADDRESS	401 PALMETTO STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLEY, ARDEN W	
STREET ADDRESS	401 PALMETTO STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DONALD SHOBERT	
1.3 STREET ADDRESS	401 PALMETTO STREET	
1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES R. FOSTER	
2.3 STREET ADDRESS	401 PALMETTO STREET	
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN YAMES	
3.3 STREET ADDRESS	401 PALMETTO STREET	
3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	VICE-PRESIDENT/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ELIZABETH R. DOUGLIASS	
4.3 STREET ADDRESS	401 PALMETTO STREET	
4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARY KATHERINE LEONARD	
5.3 STREET ADDRESS	401 PALMETTO STREET	
5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Elizabeth R. Douglass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

Date

904-424-5104

Daytime Phone #

CR2E037 (12/95)