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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

PO BOX 1350
NEW SMYRNA BEACH FL 32170-1350
US

3. Date Incorporated or Qualified
03/13/1995

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MASSEY, JOHN
STREET ADDRESS 401 PALMETTO STREET
CITY - ST - ZIP NEW SMYRNA BEACH FL 32168

1.1 TITLE D Change Addition
1.2 NAME FOSTER, JAMES R.
1.3 STREET ADDRESS 401 PALMETTO STREET
1.4 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32168

TITLE D DELETE
NAME LUNSFORD, AUBREY S
STREET ADDRESS 401 PALMETTO STREET
CITY - ST - ZIP NEW SMYRNA BEACH FL 32168

2.1 TITLE D Change Addition
2.2 NAME DOUGLASS, ELIZABETH
2.3 STREET ADDRESS 401 PALMETTO STREET
2.4 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32168

TITLE D DELETE
NAME ALBRIGHT, JOHN M
STREET ADDRESS 401 PALMETTO STREET
CITY - ST - ZIP NEW SMYRNA BEACH FL 32168

3.1 TITLE D Change Addition
3.2 NAME ALDERMAN, EUDA MARY
3.3 STREET ADDRESS 401 PALMETTO STREET
3.4 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32168

TITLE D DELETE
NAME FORD, FRANCES R
STREET ADDRESS 401 PALMETTO STREET
CITY - ST - ZIP NEW SMYRNA BEACH FL 32168

4.1 TITLE D Change Addition
4.2 NAME LEONARD, MARY KATHERINE
4.3 STREET ADDRESS 401 PALMETTO STREET
4.4 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32168

TITLE D DELETE
NAME BAILEY, RICHARD
STREET ADDRESS 401 PALMETTO STREET
CITY - ST - ZIP NEW SMYRNA BEACH FL 32168

5.1 TITLE D Change Addition
5.2 NAME YANES, JOHN
5.3 STREET ADDRESS 401 PALMETTO STREET
5.4 CITY - ST - ZIP NEW SMYRNA BEACH, FL 32168

TITLE D DELETE
NAME KELLEY, ARDEN W
STREET ADDRESS 401 PALMETTO STREET
CITY - ST - ZIP NEW SMYRNA BEACH FL 32168

6.1 TITLE Change 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 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.

SIGNATURE:

Elizabeth R. Douglas President / Vice Pres 2/26/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0003247

CR2E037 (9/96)