FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

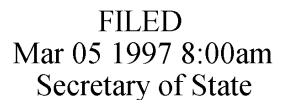
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9500001178 (1)

BERT FISH MEDICAL CENTER, INC.





Principal Place of Business Mailing Address							1					
ioi palmetto s Yew smyrna bi		NEW SMY	PO BOX 1350 NEW SMYRNA BEACH FL 32170-1350									
		US						 Date Incorporated or Qualified 03/13/1995 	3a.	Date of Last F 04/09/199	eport 6	
	lace of Business	2a. Mail	2a. Mailing Address				1	4. FEI Number			oplied For	
21		26					59-3306983 Not Applicable					
Suite, Apt	#, etc		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
22		27	8 Ctota								equired	
City & State	e	City & State					'	Election Campaign Financing Total Found Contribution			May Be	
23 Z _i p	Country	Zip		Col	untry			Trust Fund Contribution			to Fees	
24	25	29		30	an to y			 This corporation has fiability for Florida Statutes 	r intangio Yes		5. 199.032,	
[24]	9. Name and Address of Curre		Agent	1301				0. Name and Address of New F				
	3. Hallo alla 7,00,000 0. Odili				81	Name		o, many and many of them.			···-	
DEFUN	IAMEC E ID											
HEEKIN, JAMES F JR 215 NORTH EOLA DRIVE					82	Street	Address (P.O. Box Number is Not Acceptable)					
) FL 32701				63				·			
UNLANDO) FL 32701											
					84	City			F	85 Zip	Code	
11 Purcunnt	to the provisions of Sections 617.05	502 and 617 16	08 Florida Statu	toe the s	L.	named	corporal	tion submits this statement for the			te registered	
office or r	to the provisions of Sections 617.05 registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida Si	ich change was	authorize	d by	the corp	poration's	s board of directors. I hereby acc	ept the a	ppointment as	registered	
agent La	am familiar with, and accept the obli	igations of, Sec	tion 617.0503, F	orida Sta	tutes							
SIGNATURE	Stornature, typed or printed name of registered a	noon) and lilly if each	cable (NO	FE Dogston	d Age	nt elapatura	roculred ut	hen reinstating)	DATE	*********		
12.		NO DIRECTOR		13.	Ga	ni signature	TOGOLOGO WI	ADDITIONS/CHANGES TO OFF			RS IN 12	
TITLE	D		DELETE	1.1 1	ITLE		D	Name of the second seco		Change	X Addition	
NAME	MASSEY, JOHN			1.2 N	AME	•		TER, JAMES R.				
STREET ADDRESS	401 PALMETTO STREET			135	TREET	ADDRESS	401	PALMETTO STREE	T			
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32	168			ITY-S		NEW	SMYRNA BEACH,	\mathbf{FL}	32168		
TITLE	D		DELETE	2.11		,	D			Change	X Addition	
NAME	LUNSFORD, AUBREY S			2.21	AME		שסת	GLASS, ELIZABET	rH			
STREET ADDRESS	401 PALMETTO STREET			2.3 5	TAEET	ADDRESS		PALMETTO STREE				
CHTY - ST - ZIP	NEW SMYRNA BEACH FL 32	168		1		ST-ZIP		SMYRNA BEACH,		32168		
TITLE	D		DELETE	3.11			D			Change	X Addition	
NAME	ALBRIGHT, JOHN M			3.21	AME		ALD	ERMAN, EUDA MAI	RY			
STREET ADDRESS	401 PALMETTO STREET			3.3 9	TREET	ADDRESS		PALMETTO STRE				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32	168		3.4.	HTY-S	T-ZIP		SMYRNA BEACH,		32168	3	
TITLE	D		DELETE		ITLE		D	<u> </u>		Change	Addition	
NAME	FORD, FRANCES R			4.2	NAME			NARD, MARY KATI	HERTI	NE		
STREET ADORESS	401 PALMETTO STREET			4.3 5	TREET	ADDRESS	1	PALMETTO STRE				
CHTY-ST-ZIP	NEW SMYRNA BEACH FL 32	168			HTY • S			SMYRNA BEACH.		32168		
1/1LE	D		DELETE		ITLE		D			Change	X Addition	
NAME	BAILEY, RICHARD			5.21	IAME			ES, JOHN				
STREET ADDRESS	401 PALMETTO STREET			535	TREET	ADDRESS	1	PALMETTO STRE	ΕT			
CITY-S1-ZIP	NEW SMYRNA BEACH FL 32	168		- 6	ITY-\$			SMYRNA BEACH.		32168		
TITLE	D		DELETE		ITLE	<u></u>	*****			Change	Addition	
NAME	KELLEY, ARDEN W				IAME					-		
STREET ADDRESS	401 PALMETTO STREET					ADDRESS						
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32	168			HTY-S							
J	, + + + + +			1 1								

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.