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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001178 (1)
 1. Corporation Name
BERT FISH MEDICAL CENTER, INC.



Principal Place of Business 401 PALMETTO STREET NEW SMYRNA BEACH FL 32168	Mailing Address PO BOX 1350 NEW SMYRNA BEACH FL 32170-1350 US
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3. Date Incorporated or Qualified 03/13/1995	
4. FEI Number 59-3306983	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
85 Zip Code

FL

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 _____ (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 checked="" 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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Renfroe
1.3 STREET ADDRESS	401 Palmetto Street
1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William L. Ross, Jr.
2.3 STREET ADDRESS	401 Palmetto Street
2.4 CITY-ST-ZIP	New Smyrna Beach FL 32168
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James Foster
3.3 STREET ADDRESS	401 Palmetto Street
3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mary Katherine Leonard
4.3 STREET ADDRESS	401 Palmetto Street
4.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Euda Mary Alderman
5.3 STREET ADDRESS	401 Palmetto Street
5.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Elizabeth Douglass
6.3 STREET ADDRESS	401 Palmetto Street
6.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168

14. 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 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: *Kathleen Leonard* **4-30-98** **904 424-5001**

CF2E037 (10/97)