2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N95000001178 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** BERT FISH MEDICAL CENTER, INC. 03-03-2000 90013 033 ****61.25 Principal Place of Business Mailing Address 401 PALMETTO STREET PO BOX 1350 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32170-1350 UUU44U10 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3306983 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HEEKIN, JAMES F JR 215 NORTH EOLA DRIVE ORLANDO FL 32701 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete **K** Addition TITLE TITLE BAILEY, RICHARD RENFROE, MICHAEL NAME NAME 401 Palmetto St. STREET ADDRESS STREET ADDRESS 401 PALMETTO STREET New Smyrna Beach, FL 32168 CITY-ST-7IP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** Change ▼ Addition TITLE ☐ Delete TITLE ROSS, JR WILLIAM L FORD, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS **401 PALMETTO STREET** 401 Palmetto St. NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP New Smyrna Beach, FL 32168 CITY-ST-ZIP **XXX** P Change Addition TITLE ☐ Delete TITLE D KELLEY, ARDEN Foster, James 401 Palmetto St. NAME NAME STREET ADDRESS STREET ADDRESS 401 PALMETTO STREET New Smyrna Beach, FL 32168 CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 Change Addition ∨ XX**X**IX ☐ Delete TITLE GILLESPIE, SALLY LEONARD, MARY KATHERINE NAME NAME 401 Palmetto St. STREET ADDRESS STREET ADDRESS 401 PALMETTO STREET 32168 CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 CITY-ST-ZIP New Smyrna Beach, FL Addition DITLE ☐ Delete TITLE Change ALDERMAN, EUDA MARY MASSEY, JOHN NAME NAME **401 PALMETTO STREET** STREET ADDRESS STREET ADDRESS 401 Palmetto St. CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 New smyrna Beach, FL 32168 T XXXX ☐ Delete TITLE Change Addition DOUGLASS, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 401 PALMETTO STREET CITY-ST-ZIP CITY-ST-ZIP NEW SMYRNA BEACH FL 32168 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 attackment with an address put all other like empowered.

COIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: