

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90168 036 ****61.25

DOCUMENT # N95000001178

1. Entity Name

BERT FISH MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

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

**PO BOX 2809
 ORLANDO FL 32802-2809
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3306983

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENFROE, MICHAEL 401 PALMETTO STREET NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, RICHARD 401 PALMETTO STREET NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSTER, JAMES 401 PALMETTO STREET NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEONARD, MARY KATHERINE 401 PALMETTO STREET NEW SMYRNA BEACH FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALDERMAN, EUDA MARY 401 PALMETTO STREET NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUGLASS, ELIZABETH 401 PALMETTO STREET NEW SMYRNA BEACH FL 32168	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02

Date

Daytime Phone #

CR2E037 (9/01)