

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90116 038 \*\*\*\*61.25

**DOCUMENT # N95000001178**

1. Entity Name  
**BERT FISH MEDICAL CENTER, INC.**



Principal Place of Business  
**401 PALMETTO STREET  
 NEW SMYRNA BEACH, FL 32168**

Mailing Address  
**PO BOX 2809  
 ORLANDO, FL 32802-2809 US**

00040003



01182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3306983**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORLAND, CHARLOTTE 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, FREDERICK 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWNBY, THOMAS MD 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, ROBERT B 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYLE, CHRISTINE 401 PALMETTO ST NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRURY, TIMOTHY A 401 PALMETTO STREET NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weiss, Robert 401 Palmetto Street New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McGee, William 401 Palmetto Street New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" 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	S Ilardi, Doreen 401 Palmetto Street New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert B. Williams, Pres./CEO*

4/5/06 424-5100 (386)

ATTACHMENT

60 026803

# N5000001178

Drury, Tim

**From:** Farren, Cinda [Cinda.Farren@lowndes-law.com]  
**Sent:** Friday, March 31, 2006 2:28 PM  
**To:** Drury, Tim  
**Subject:** FW: BFMC - 2006 Annual Report filing with the FL Sec of State

-----Original Message-----

**From:** Farren, Cinda  
**Sent:** Friday, March 31, 2006 2:18 PM  
**To:** 'Doreen Ilardi (doreen.ilardi@bertfish.com)'  
**Cc:** Timothy A. Drury (Business Fax)  
**Subject:** BFMC - 2006 Annual Report filing with the FL Sec of State

Doreen:

At the request of Jim Heekin, I have made changes to and am forwarding to you via mail, the 2006 Not-for-Profit Corporation Annual Report for Bert Fish Medical Center, Inc. for Mr. Williams to sign. Once he has executed the Report, the Report should be mailed to the Division of Corporations, P. O. Box 1500, Tallahassee, FL 32302-1500, along with a check in the amount of \$61.25.

By copy of this e-mail to Tim Drury, Tim would you be so kind as to have a check prepared in the amount of \$61.25 made payable to Florida Department of State and forward same to Doreen so she can enclose the check with the Report.

The Report **MUST** be mailed to the Division of Corporations no later than April 28th.

Please give me a call or e-mail if you have any questions.

Thank you both for your help and assistance.

Cinda

**Cinda M. Farren**

**Paralegal to James F. Heekin, Jr.**

Lowndes, Drosdick, Doster, Kantor & Reed, P.A.

215 North Eola Drive

Orlando, FL 32801

Phone: 407-418-6319

Fax: 407-843-4444

email: cinda.farren@lowndes-law.com

**Notice of Confidentiality:** This e-mail communication and the attachment(s) hereto, if any, are intended solely for the information and use of the addressee(s) identified above and may contain information which is legally privileged from disclosure and/or otherwise confidential. If a recipient of this e-mail communication is not an addressee (or an authorized representative of an addressee), such recipient is hereby advised that any review,

# ATTACHMENT

60026802

## 2006 TAX RETURN FILING INSTRUCTIONS

# P96000068472

UNIFORM BUSINESS REPORT

FOR THE YEAR ENDING

December 31, 2005

<b>Prepared for</b>	INTERCONTINENTAL HEALTH PLANNERS, INC. 100 S. EOLA DRIVE, APT 1106 ORLANDO, FL 32801
<b>Prepared by</b>	CHASTANG, FERRELL, SIMS & EISERMAN LLC 1400 W. FAIRBANKS AVENUE, SUITE 102 WINTER PARK, FL 32789
<b>To be signed and dated in box 14 by</b>	AN OFFICER
<b>Amount due or refund</b>	BALANCE DUE \$150.00
<b>Make check payable to</b>	DEPARTMENT OF STATE
<b>Mail tax return and check (if applicable) to</b>	DIVISION OF CORPORATIONS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500
<b>Return must be mailed on or before</b>	PLEASE MAIL ON OR BEFORE MAY 1, 2006
<b>Special instructions</b>	THIS REPORT MAY ALSO BE FILED ONLINE AT <a href="http://WWW.SUNBIZ.ORG">WWW.SUNBIZ.ORG</a> . SELECT THE OPTION FOR ELECTRONIC FILING. IN ORDER TO FILE ONLINE, YOU MUST HAVE THE DOCUMENT NUMBER FROM BOX 1. PAYMENT MUST BE SUBMITTED WITH A CREDIT CARD FOR THE AMOUNT DUE ABOVE. IF THIS OPTION IS SELECTED, NO SIGNATURE OR MAILING IS REQUIRED.