


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90058 006 ****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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40031721



01142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3306983

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HEEKIN, JAMES F JR
 215 NORTH EOLA DRIVE
 ORLANDO, FL 32701**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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 WEISS, ROBERT 401 PALMETTO ST NEW SMYRNA BEACH, FL 32168 <input 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	D MCGEE, WILLIAM 401 PALMETTO ST NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Doreen Ilardi **DOREEN ILARDI** 1-31-08 3864245100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40031721
N95000001178

SCHEDULE A TO THE
2008 NOT FOR PROFIT CORPORATION ANNUAL REPORT OF
BERT FISH MEDICAL CENTER, INC.
OFFICERS AND DIRECTORS

Harrell, Steve 401 Palmetto Street New Smyrna Beach, Florida 32168	Vice President and Chief Operating Officer
Corliss, Pam 401 Palmetto Street New Smyrna Beach, Florida 32168	Vice President and Chief Nursing Officer
Coates, Neal 401 Palmetto Street New Smyrna Beach, Florida 32168	Director
Herchek, Jackie 401 Palmetto Street New Smyrna Beach, Florida 32168	Director
Lott, Robert 401 Palmetto Street New Smyrna Beach, Florida 32168	Director
Meyer, Charles 401 Palmetto Street New Smyrna Beach, Florida 32168	Director