

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 14, 2009  
Secretary of State

DOCUMENT# N95000001178

Entity Name: BERT FISH MEDICAL CENTER, INC.

**Current Principal Place of Business:**

401 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2809  
ORLANDO, FL 328022809 US

**New Mailing Address:**

ADMINISTRATION  
401 PALMETTO ST  
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-3306983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WEISS, ROBERT  
Address: 401 PALMETTO ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: MCGEE, WILLIAM  
Address: 401 PALMETTO ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: OWNBY, THOMAS MD  
Address: 401 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PCEO ( ) Delete  
Name: WILLIAMS, ROBERT B  
Address: 401 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S ( ) Delete  
Name: ILARDI, DOREEN  
Address: 401 PALMETTO ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete  
Name: ALLRED, AL  
Address: 401 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN ILARDI

S

01/14/2009

Electronic Signature of Signing Officer or Director

Date