

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001178

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**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:**

ADMINISTRATION  
401 PALMETTO ST  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

**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  
Name: WEISS, ROBERT  
Address: 401 PALMETTO ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D  
Name: HERCHEK, JACQUELINE  
Address: 401 PALMETTO ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOREEN ILARDI

S

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date