

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 07, 2011
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:**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:**BROMME, JEFF
111 N ORLANDO AVE
WINTER PARK, FL 32789 US**Name and Address of New Registered Agent:**HARRELL, STEVE
401 PALMETTO ST.
NEW SMYRNA BEACH, FL 32168 US

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: STEVE HARRELL

07/07/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD
Name: HARRELL, STEVE
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA, FL 32168Title: S
Name: ILARDI, DOREEN
Address: 401 PALMETTO ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168Title: T
Name: ALLRED, AL
Address: 401 PALMETTO ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168Title: D
Name: HERCHEK, JACQUELINE
Address: 401 PALMETTO ST.
City-St-Zip: NEW SMYRNA BEACH, FL 32168Title: D
Name: CARD, PAT
Address: 401 PALMETTO ST
City-St-Zip: NEW SMYRNA BEACH, FL 32168Title: D
Name: HEEB, FERDINAND
Address: 401 PALMETTO ST
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: STEVE HARRELL

PD

07/07/2011

Electronic Signature of Signing Officer or Director

Date