

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90178 013 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

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

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RENFROE, MICHAEL</b>	
STREET ADDRESS	<b>401 PALMETTO STREET</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, RICHARD</b>	
STREET ADDRESS	<b>401 PALMETTO STREET</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FOSTER, JAMES</b>	
STREET ADDRESS	<b>401 PALMETTO STREET</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEONARD, MARY KATHERINE</b>	
STREET ADDRESS	<b>401 PALMETTO STREET</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GIESELMAN, KAREN A</b>	
STREET ADDRESS	<b>401 PALMETTO ST</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DRURY, TIMOTHY A</b>	
STREET ADDRESS	<b>401 PALMETTO STREET</b>	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168</b>	

TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jacqueline A. Mallory</b>	
STREET ADDRESS	<b>401 Palmetto Street</b>	
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frederick Cooper</b>	
STREET ADDRESS	<b>401 Palmetto Street</b>	
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas Ownby, M.D.</b>	
STREET ADDRESS	<b>401 Palmetto Street</b>	
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mary Kathryn Leonard</b>	
STREET ADDRESS	<b>401 Palmetto Street</b>	
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Mary Kathryn Leonard*

**MARY KATHRYN LEONARD, President**  
1-14-03

CR2E037 (10/02)