

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701448

FILED
Jan 15, 2014
Secretary of State
CC446070272

Entity Name: BERT FISH MEDICAL CENTER AUXILIARY, INC., NEW SMYRNA BEACH, FLORIDA

Current Principal Place of Business:

401 PALMETTO ST
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

401 PALMETTO ST
MAIL BOX #8
NEW SMYRNA BEACH, FL 32168

FEI Number: 59-1054892

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HEMLER, CHARLES
401 PALMETTO STREET
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: CHARLES HEMLER

01/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name HUNT, BEVERLY
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VP
Name SIZEMORE, PEGGY
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title CSEC
Name ALDRIDGE, MARY ANN
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA FL 32168

Title TRES
Name HEMLER, CHARLES
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title RSEC
Name TACELLI, CAPPY
Address 401 PALMETTO STREET
City-State-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: CHARLES HEMLER

TREASURER

01/15/2014

Electronic Signature of Signing Officer/Director Detail

Date