

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701448

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

**FILED**  
**Jan 09, 2024**  
**Secretary of State**  
**0186751497CC**

**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 US

**FEI Number: 59-1054892**

**Certificate of Status Desired: Yes**

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

FOSTER, GEORGIA R  
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: GEORGIA R FOSTER**

**01/09/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FOSTER, GEORGIA R  
Address        401 PALMETTO ST  
                  MAIL BOX #8  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            ADMINISTRATIVE SECRETARY  
Name            MILLER, JUDY  
Address        401 PALMETTO ST  
                  MAIL BOX #8  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            VOLUNTEER COORDINATOR  
Name            LOPRIORE, SHIRLEY  
Address        401 PALMETTO ST  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            TREASURER  
Name            CALLAGHAN, LINDA F  
Address        401 PALMETTO ST  
                  MAIL BOX #8  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title            VICE PESIDENT  
Name            FIORICA, ANTHONY M  
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: GEORGIA R FOSTER**

**PRESIDENT**

**01/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date