

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000005451

**FILED**  
**Jan 28, 2016**  
**Secretary of State**  
**CC8458266461**

**Entity Name:** BERT FISH MEDICAL CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

401 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

401 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168

**FEI Number:** 59-3219250

**Certificate of Status Desired:** Yes

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name MCCLELLAND, SUE MRS.  
Address 5300 S. ATLANTIC AVE #14604  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title TREASURER  
Name TAUBER, JEAN MRS.  
Address 2672 OLD SMYRNA TRAIL  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title CHAIRMAN  
Name DRIVER, PAT MR.  
Address 106 VIA CAPRI  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VC  
Name FABER, CHERYL MRS.  
Address 448 QUAY ASSISI  
City-State-Zip: NEW SMYRNA BCH FL 32169

Title PRESIDENT  
Name BAIR, CRAIG  
Address 401 PALMETTO  
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:** CRAIG BAIR

**PRESIDENT**

**01/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date