

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005451

FILED
Feb 25, 2013
Secretary of State
CC0789715853

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 DIEGEL, BARBARA
Address 229 CANAL STREET
City-State-Zip: NEW SMYRNA BCH FL 32168

Title DIRECTOR
Name FABER, CHERYL
Address 448 QUAY ASSISI
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title TREASURER
Name O'MEARA, BILL
Address 1118 LOCH LOMOND CT
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name WILLIAMS, DIANE
Address 875 ANGELFISH AVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title CHAIRMAN
Name WILLIAMS, FULTON
Address 875 ANGELFISH AVE
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title VC
Name PRESTON, WILLIAM
Address 143 CANAL STREET
City-State-Zip: NEW SMYRNA BCH FL 32168

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

02/25/2013

Electronic Signature of Signing Officer/Director Detail

Date