

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001178

Entity Name: BERT FISH MEDICAL CENTER, INC.

Current Principal Place of Business:

305 MAGNOLIA STREET
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

PO BOX 909
NEW SMYRNA BEACH, FL 32170 US

FEI Number: 59-3306983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIDSON, JEFF
305 MAGNOLIA 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title SECRETARY, TREASURER
Name CARD, HAROLD
Address 3019 WILLOW OAK DRIVE
City-State-Zip: EDGEWATER FL 32141

Title CHAIRMAN
Name PRESTON, WILLIAM
Address 605 SOUTH ORANGE STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title CFO
Name DAVIDSON, JEFF
Address 305 MAGNOLIA 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: JEFF DAVIDSON

ADMINISTRATOR/CFO

05/19/2020

Electronic Signature of Signing Officer/Director Detail

Date