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

DOCUMENT# N95000001178

Entity Name: BERT FISH MEDICAL CENTER, INC.

FILED
Jan 25, 2016
Secretary of State
CC4878514664

## **Current Principal Place of Business:**

401 PALMETTO STREET NEW SMYRNA BEACH. FL 32168

## **Current Mailing Address:**

ADMINISTRATION 401 PALMETTO ST NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-3306983 Certificate of Status Desired: No

# 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:

TitleCEO, PRESIDENTTitleSECRETARYNameHARRELL, STEVENameILARDI, DOREENAddress401 PALMETTO STREETAddress401 PALMETTO ST.

City-State-Zip: NEW SMYRNA FL 32168 City-State-Zip: NEW SMYRNA BEACH FL 32168

Title TREASURER, VP Title VP

NameALLRED, ALNameBREUM, LINDAAddress401 PALMETTO ST.Address401 PALMETTO ST.

City-State-Zip: NEW SMYRNA BEACH FL 32168 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: STEVE HARRELL

Electronic Signature of Signing Officer/Director Detail

P/CEO

01/25/2016