

**2017 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:**

KENNEDY, JAMES J III  
4221 W. BOY SCOUT BLVD.  
STE, 1000  
TAMPA, FL 33607-5780 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:** JAMES J KENNEDY, III

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title SECRETARY, TREASURER  
Name HEEB, FERDINAND  
Address 115 N. RIVERSIDE DRIVE  
City-State-Zip: EDGEWATER FL 32132

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

CFO

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date