

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001178

Entity Name: BERT FISH MEDICAL CENTER, INC.

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 :

Title CEO, PRESIDENT
Name HARRELL, STEVE
Address 401 PALMETTO STREET
City-State-Zip: NEW SMYRNA FL 32168

Title S
Name ILARDI, DOREEN
Address 401 PALMETTO ST.
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title TREASURER, VP
Name ALLRED, AL
Address 401 PALMETTO ST.
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VP
Name BREUM, LINDA
Address 401 PALMETTO ST.
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: DOREEN ILARDI

SECRETARY

04/02/2014

Electronic Signature of Signing Officer/Director Detail

Date