2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 701448

FILED Nov 11, 2010 Secretary of State

Entity Name: BERT FISH MEDICAL CENTER AUXILIARY, INC., NEW SMYRNA BEACH, FLORIDA

Current Principal Place of Business: New Principal Place of Business:

401 PALMETTO ST

NEW SMYRNA BEACH, FL 32168

Current Mailing Address: New Mailing Address:

401 PALMETTO ST MAIL BOX #8

NEW SMYRNA BEACH, FL 32168

FEI Number: 59-1054892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HICKSON, JOHN M PATTERSON, MERIS
673 MIDDLEBURY LOOP 401 PALMETTO STREET

NEW SMYRNA BEACH, FL 32168 US 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: MERIS PATTERSON 11/11/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: HEMLER, CHARLES
Address: 401 PALMETTO STREET

City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP

Name: BANKSTON, GATOR
Address: 401 PALMETTO STREET
City St 7in: NEW SMANDIA BEACH EL

City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP

Name: HUNT, BEVERLY
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA, FL 32168

Title:

Name: EVERHART, BEVERLY
Address: 401 PALMETTO STREET
City-St-Zip: NEW SMYRNA, FL 32168

Title: T

 Name:
 PATTERSON, MERIS

 Address:
 401 PALMETTO STREET

 City-St-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: CHARLES HEMLER P 11/11/2010