

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050388

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** INDIAN RIVER SURGICAL SERVICE, CORP.

**Current Principal Place of Business:**

4196 79TH STREET  
VERO BEACH, FL 32967

**New Principal Place of Business:**

**Current Mailing Address:**

4196 79TH STREET  
VERO BEACH, FL 32967

**New Mailing Address:**

FEI Number: 57-1233821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMBERT, JOHN A  
4196 79TH STREET  
VERO BEACH, FL 32967 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAMBERT, JOHN A  
Address: 4196 79TH STREET  
City-St-Zip: VERO BEACH, FL 32967

Title: SEC  
Name: LAMBERT, LINDA D  
Address: 4196 79TH STREET  
City-St-Zip: VERO BEACH, FL 32967 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A. LAMBERT

P

01/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date