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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002206 (9)

1. Corporation Name

~~INDIAN RIVER MEMORIAL HOSPITAL PHYSICIAN-HOSPITAL~~
~~L-ORGANIZATION, INC.~~ INDIAN RIVER PHYSICIAN-HOSPITAL
ORGANIZATION, INC.

Principal Place of Business

Mailing Address

1000 36TH ST
VERO BEACH FL 32960

1000 36TH ST
VERO BEACH FL 32960-4862



3. Date Incorporated or Qualified
05/03/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2213622

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOZIEL, GERARD J
1000 36TH ST
VERO BEACH FL 32960

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KATZ, EDWARD H.
STREET ADDRESS 699 19TH ST.
CITY-ST-ZIP VERO BEACH FL 32960

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MITCHELL, GEORGE D.O.
STREET ADDRESS 13855 US 1
CITY-ST-ZIP SEBASTIAN FL 32958

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BERTOLETTE, RANDALL D MD
STREET ADDRESS 3740 20TH ST
CITY-ST-ZIP VERO BEACH FL 32960

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COLLELLA, J. P. MD
STREET ADDRESS 777 37TH ST
CITY-ST-ZIP VERO BEACH FL 32960

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME POSADA, HUMBERTO M.D.
STREET ADDRESS 1000 36TH ST.
CITY-ST-ZIP VERO BEACH FL 32960

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE C/D ☐ DELETE
NAME KENNEDY, ALASTAIR C MD
STREET ADDRESS 1300 36TH ST
CITY-ST-ZIP VERO BEACH FL 32960

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PAV
5-15-97

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerard J. Koziel, Edward H. Katz

4-22-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020624

CR2E037 (9/96)

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12. ADDITIONAL DIRECTORS AND OFFICERS

7.1	D
7.2	SPLENDORIA, ARTHUR J., M.D.
7.3	777 37TH STREET, #B-103
7.4	VERO BEACH, FL 32960
8.1	D/T
8.2	HARDEN, DIANE
8.3	1000 - 36TH STREET
8.4	VERO BEACH, FLORIDA 32960
9.1	D/V
9.2	KOZIEL, GERARD J.
9.3	1000 - 36TH STREET
9.4	VERO BEACH, FLORIDA 32960
10.1	D
10.2	O'GRADY, MICHAEL J.
10.3	1000 - 36 STREET
10.4	VERO BEACH, FLORIDA 32960
11.1	D/S
11.2	ROSE, MARC C., M.D.
11.3	777 37TH STREET, B-104
11.4	VERO BEACH, FLORIDA 32960
12.1	D
12.2	WIJETILLEKE, ASOKA, M.D.
12.3	777 37TH STREET, B-102
12.4	VERO BEACH, FLORIDA 32960