

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000050388

**FILED**  
**Jan 27, 2013**  
**Secretary of State**  
**CC4415443850**

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

**Current Principal Place of Business:**

4196 79TH STREET  
VERO BEACH, FL 32967

**Current Mailing Address:**

4196 79TH STREET  
VERO BEACH, FL 32967

**FEI Number:** 57-1233821

**Certificate of Status Desired:** No

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

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

Title            SEC  
Name            LAMBERT, LINDA DLAMBERT  
Address        4196 79TH STREET  
City-State-Zip: VERO BEACH FL 32967

*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

PD

01/27/2013

Electronic Signature of Signing Officer/Director Detail

Date