

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90010 023 ****61.25

DOCUMENT # 723106

1. Entity Name

INDIAN RIVER HOSPITAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1000-36TH STREET
 VERO BEACH FL 32960

1000-36TH STREET
 VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0760215

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUSI, JEFFREY L
1000 36TH ST.
VERO BEACH FL 32960

Name

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

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **HOPKINS, CARTER**
 STREET ADDRESS **1580 GRACEWOOD LANE**
 CITY-ST-ZIP **VERO BEACH FL 32961**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **MATTHEWS, RICHARD L**
 STREET ADDRESS **726 RIOMAR DRIVE**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **BROWN, DAVID C**
 STREET ADDRESS **5120 ST ANDREWS ISLAND DRIVE**
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **MCDERMOTT, RICHARD**
 STREET ADDRESS **3055 CARDINAL DRIVE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS **700 BEACHLAND BLVD**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

TITLE **M** Delete
 NAME **KARIN, LYNDE S**
 STREET ADDRESS **2029 CLUB DRIVE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** Change Addition
 NAME **JAN DONLAN**
 STREET ADDRESS **1000 36TH ST**
 CITY-ST-ZIP **VERO BEACH, FL 32960**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Donlan

4/27/01 (561)567-4311(Ext 1617)

Date

Daytime Phone #

CR2E037 (10/00)