

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90032 046 ****61.25

DOCUMENT # 723106
1. Entity Name
INDIAN RIVER HOSPITAL FOUNDATION, INC.



Principal Place of Business Mailing Address
1000-36TH STREET **1000-36TH STREET**
VERO BEACH FL 32960 **VERO BEACH FL 32960**

J4040303



MOORE CR2E037 (11/03)

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 Applied For
59-0760215 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SUSI, JEFFREY L
1000 36TH ST.
VERO BEACH FL 32960

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DAVID C	
STREET ADDRESS	5120 ST ANDREWS ISLAND DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MCDERMOTT, RICHARD	
STREET ADDRESS	700 BEACHLAND BLVD	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	M	<input type="checkbox"/> Delete
NAME	DONLAN, JAN	
STREET ADDRESS	1000 36TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	POST, HELEN	
STREET ADDRESS	15 CACHE CAY DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOODRUFF, ANTHONY	
STREET ADDRESS	320 PALMETTO POINT	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick M. Blaicher Jr.	
STREET ADDRESS	710 Manatee Cove	
CITY-ST-ZIP	Vero, Beach, FL 32963	

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: *Jan Donlan* **Jan Donlan** **3/22/04** **772-567-4311 X1617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #