

# 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

1000-36TH STREET  
VERO BEACH FL 32960

Mailing Address

1000-36TH STREET  
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

4. FEI Number

59-0760215

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE V/C/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CD ☒ Delete  
NAME MCDERMOTT, RICHARD  
STREET ADDRESS 700 BEACHLAND BLVD  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE M ☐ Delete  
NAME DONLAN, JAN  
STREET ADDRESS 1000 36TH STREET  
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VCD ☐ Delete  
NAME POST, HELEN  
STREET ADDRESS 15 CACHE CAY DRIVE  
CITY-ST-ZIP VERO BEACH FL 32963

TITLE C/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WOODRUFF, ANTHONY  
STREET ADDRESS 320 PALMETTO POINT  
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 V/C/D ☐ Change ☒ 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 772-567-4311 X1617  
Date Daytime Phone #