


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 723106</b>	
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
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01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0760215	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JONES, ALLEN N 301 INDIAN HARBOR RD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURPHY, LEWIS W 817 BEACHLAND BLVD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DONLAN, JAN 1000 36TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELONE, VICTOR J 140 ANCHOR DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD KENNEDY, JOHN R 201 TERRAPIN RD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000607272  
 01/31/07-80030-020 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Janet K Donlan 1/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #