

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723106

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** INDIAN RIVER HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

1000-36TH STREET  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1000-36TH STREET  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 59-0760215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: ROGERS, CLARENCE B JR  
Address: 381 INDIAN HARBOR RD  
City-St-Zip: VERO BEACH, FL 32963

Title: SD  
Name: ROLF, RANDOLF K  
Address: 54 DOVE PLUM ROAD  
City-St-Zip: VERO BEACH, FL 32963

Title: M  
Name: DONLAN, JAN  
Address: 1000 36TH STREET  
City-St-Zip: VERO BEACH, FL 32960

Title: TD  
Name: SHOEMATE, CHARLES R  
Address: 180 LOGGERHEAD POINT  
City-St-Zip: VERO BEACH, FL 32963

Title: VCD  
Name: MCCORD, JOHN C  
Address: 700 MANATEE COVE  
City-St-Zip: VERO BEACH, FL 32963

Title: VCD  
Name: SHERIDAN, CHAMPLIN R  
Address: 150 SEASPRAY LANE  
City-St-Zip: VERO BEACH, FL 32963

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAN DONLAN

M

01/25/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date