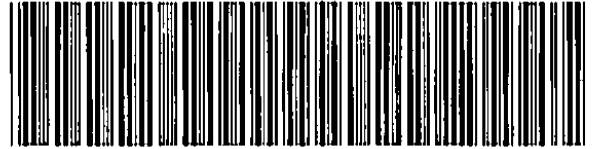


# 723106



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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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C. GOLDEN

MAR - 9 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INDIAN RIVER HOSPITAL FOUNDATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** 723106

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATTI RODNEY  
Name of Contact Person

INDIAN RIVER HOSPITAL FOUNDATION INC  
Firm/Company

1000 37<sup>TH</sup> STREET, STE 101  
Address

VERO BEACH FL 32960  
City/State and Zip Code

PATTI.RODNEY@IRMC.CC  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATTI RODNEY at ( 772 ) 266-4954  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: INDIAN RIVER HOSPITAL FOUNDATION, INC
2. The principal office address: 1000 36th STREET VERO BEACH FL 32960
3. The mailing address (if different):

4. Date of incorporation/qualification: 1955 3/20/1972 Document number: 723106

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JEFFREY L SUSI (RESIGNED)
1000 36th ST.
VERO BEACH FL 32960

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KAREN DAVIS
1000 36th ST.
VERO BEACH FL 32960
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

ANTHONY C WOODRUFF CD
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

2/26/2018
Date

If signing on behalf of an entity:

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314