

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90741 030 \*\*\*\*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**

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 **59-0760215** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



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

**FILE NOW: FEE IS \$61.25**

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	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOPKINS, CARTER</b>	
STREET ADDRESS	<b>1580 GRACEWOOD LANE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32961</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, DAVID C</b>	
STREET ADDRESS	<b>5120 ST ANDREWS ISLAND DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32967</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>MCDERMOTT, RICHARD</b>	
STREET ADDRESS	<b>700 BEACHLAND BLVD</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>DONLAN, JAN</b>	
STREET ADDRESS	<b>1000 36TH STREET</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>VCD</b>	<input type="checkbox"/> Delete
NAME	<b>POST, HELEN</b>	
STREET ADDRESS	<b>15 CACHE CAY DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Woodruff, Anthony</b>	
STREET ADDRESS	<b>320 Palmetto Point</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>	
TITLE		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **REQUIRED** Jan Donlan 03/28/03 772-567-4311 x 1617

CR2E037 (10/02)