

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008943 AT

DOCUMENT # A97000001180



1. Entity Name
INDIAN RIVER MEDICAL CENTER, LTD.

FILED

03 JUN -6 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
777 37TH STREET
VERO BEACH FL 32960

Mailing Address
777 37TH STREET
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1856595

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL, WILLIAM W
-756 BEACHLAND BLVD.
VERO BEACH FL 32963

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 *W. K. Kulev, MD*
Signature, typed or printed name of registered agent and agent, if applicable

DATE *2/2/03*

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000035794
NAME IRMA OF VERO BEACH, INC.
STREET ADDRESS 777 37TH STREET
CITY-ST-ZIP VERO BEACH FL 32960

STREET ADDRESS

CITY-ST-ZIP

200017561942

04/30/03--01052--010 **52.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200017561942

06/06/03--01022--002 **88.75

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

W. K. Kulev, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)