

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H77118

1. Corporation Name

INDIAN RIVER MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address

777 37TH ST.
SUITE B
VERO BEACH FL 32960-1873
US

777 37TH ST.
SUITE B
VERO BEACH FL 32960-1873
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Continued
To Do Business in Florida

09/20/1985

5. FEI Number

65-0121683

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KIRBY, KEITH N. M	7773TH ST., STE B100	VERO BCH FL
			900004740059--4 -12/26/01--01105--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MENDOZA, GEMMA I. M
777 - 37TH STREET
SUITE A-102
VERO BEACH FL 32960

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

Date

10/16/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3d-78-1122

FILED

01 DEC 12 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

200

LS

CR26340 (8/01)