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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 FEB -7 PM 4: 57

DOCUMENT # J95451 (7)
1. Corporation Name
INDIAN RIVER PROVIDER ALLIANCE, INCORPORATED

Principal Place of Business Mailing Address
% MICHAEL J. O'GRADY, JR.
1000 35TH ST
VERO BEACH FL 32960
% MICHAEL J. O'GRADY, JR.
1000 35TH ST
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/30/1987
3a. Date of Last Report 03/14/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	2c. Suite, Apt. #, etc.	65-0058747	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'GRADY, MICHAEL J., JR.
1000 36TH ST
VERO BEACH FL 32960

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registrant

Agent signature required when reconstituting

DATE

12. OFFICER

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME EGAN, J.B., III
STREET ADDRESS 4631 9TH PLACE
CITY - ST - ZIP VERO BEACH FL 32968

FILE ME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME CAIN, JAMES L., M.D.
STREET ADDRESS 1300 36TH ST
CITY - ST - ZIP VERO BEACH FL 32960

FILE ME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME THOMPSON, JAMES A., JR.
STREET ADDRESS 2046 14TH AVE
CITY - ST - ZIP VERO BEACH FL 32960

FILE ME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME GRAHAM, PAUL A., M.D.
STREET ADDRESS 777 37TH ST #D107
CITY - ST - ZIP VERO BEACH FL 32960

FILE ME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME O'GRADY, MICHAEL J.
STREET ADDRESS 1000 36TH ST
CITY - ST - ZIP VERO BEACH FL 32960

FILE ME
STREET ADDRESS
CITY - ST - ZIP

TITLE D
NAME WATKINS, SAMUEL D., M.D.
STREET ADDRESS 777 37TH ST #D103
CITY - ST - ZIP VERO BEACH FL 32960

FILE ME
STREET ADDRESS
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HOWARD AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL J. O'GRADY, Director

(407)567-4311