

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **K91869** (3)

1. Corporation Name  
**INDIAN RIVER PHYSICIAN ASSOCIATES, INC.**

95 APR -4 AM 10: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**ELIZABETH A. JACKSON**  
**817 BEACHLAND BLVD.**  
**VERO BCH FL 32983**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/31/1969** 3a. Date of Last Report **04/04/1994**  
4. FEI Number **65-0122169** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, ELIZABETH A.**  
**817 BEACHLAND BLVD.**  
**VERO BCH FL 32983**

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 registered agent and the # applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV**  
NAME **GORSUCH, HEIDI**  
STREET ADDRESS **805 37TH PL**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE **DAV**  
NAME **FRANCO, RICHARD A.**  
STREET ADDRESS **805 37TH PLACE**  
CITY-ST-ZIP **VERO BEACH FL 32980**

TITLE **DS**  
NAME **WERNICKI, PETER**  
STREET ADDRESS **1200 37TH STR, STE A**  
CITY-ST-ZIP **VERO BEACH FL**

TITLE **DT**  
NAME **LIEBERMAN, MARC E.**  
STREET ADDRESS **621 17TH STREET**  
CITY-ST-ZIP **VERO BEACH FL 32980**

TITLE **DP**  
NAME **CRAWFORD, JOSEPH P**  
STREET ADDRESS **1820 43RD AVE.**  
CITY-ST-ZIP **VERO BEACH FL 32980**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

**Joseph P. Crawford, MD** 3/30/95

407-562-7220