

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K91869 (3)

1. Corporation Name
INDIAN RIVER PHYSICIAN ASSOCIATES, INC.



Principal Place of Business: ~~ELIZABETH A. JACKSON~~
817 BEACHLAND BLVD.
VERO BCH FL 32963

Mailing Address: **ELIZABETH A. JACKSON**
817 BEACHLAND BLVD.
VERO BCH FL 32963

3. Date Incorporated or Qualified: **05/31/1989**
3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business: **21 CHARLES E. GARRIS**
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address: **26 CHARLES E. GARRIS**
Suite, Apt. #, etc.
City & State
Zip Country

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

9. Name and Address of Current Registered Agent:
JACKSON, ELIZABETH A.
817 BEACHLAND BLVD.
VERO BCH FL 32963

10. Name and Address of New Registered Agent:
81 Name: **CHARLES E. GARRIS**
82 Street Address (P.O. Box Number is Not Acceptable): **817 BEACHLAND BLVD.**
83
84 City: **VERO BEACH** FL 85 Zip Code: **32963**

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: **CHARLES E. GARRIS** **03/29/96**
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORSUCH, HEIDI	1.2 NAME	
STREET ADDRESS	805 37TH PL	1.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DAV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCO, RICHARD A.	2.2 NAME	
STREET ADDRESS	805 37TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32960	2.4 CITY - ST - ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNICKI, PETER	3.2 NAME	
STREET ADDRESS	1260 37TH STR, STE A	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, MARC E.	4.2 NAME	
STREET ADDRESS	621 17TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32960	4.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, JOSEPH P	5.2 NAME	
STREET ADDRESS	1820 43RD AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL 32960	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: **JOSEPH P. CRAWFORD, MD** **03/29/96** **407-562-7220**
Signature, typed or printed name of signing officer or director DATE Daytime Phone #

CR2E034 (12/95)