

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 SEP 26 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # K91869 (3)
1. Corporation Name
INDIAN RIVER PHYSICIAN ASSOCIATES, INC.

Principal Place of Business Mailing Address
CHARLES E. GARRIS **CHARLES E. GARRIS**
817 BEACHLAND BLVD. **817 BEACHLAND BLVD.**
VERO BCH FL 32963 **VERO BCH FL 32963**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/31/1989		3a. Date of Last Report 04/23/1996	
4. FEI Number 65-0122169		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country
25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country

9. Name and Address of Current Registered Agent CHARLES E. GARRIS 817 BEACHLAND BLVD. VERO BCH FL 32963		10. Name and Address of New Registered Agent	
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 title if applicable. (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	100002307501--2
TITLE	DAV <input type="checkbox"/> DELETE	2.1 TITLE	-09/30/97--01035--022
NAME	FRANCO, RICHARD A.	2.2 NAME	***558.75 ***558.75
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

CR2E034 (4/97)

Handwritten signature