

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90011 039 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K91869** ✓
 1. Corporation Name
INDIAN RIVER PHYSICIAN ASSOCIATES, INC.



Principal Place of Business: CHARLES E. GARRIS, 817 BEACHLAND BLVD., VERO BCH FL 32963 US

Mailing Address: CHARLES E. GARRIS, 817 BEACHLAND BLVD., VERO BCH FL 32963 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 c/o Health South, Suite, Apt. #, etc. 22 1200 37th Street, City & State Vero Beach, FL 23 Zip 32960 Country USA

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country

3. Date Incorporated or Qualified: 05/31/1989

4. FEI Number: 65-0122169 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
 CHARLES E. GARRIS
 817 BCH LAND 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ DATE: 8/15/99 DAYTIME PHONE # _____

CR2E034 (1/198)