

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K91869

FILED
Apr 15, 2004
Secretary of State

Entity Name: INDIAN RIVER PHYSICIAN ASSOCIATES, INC.

Current Principal Place of Business:

C/O HEALTH SOUTH
1200 37TH ST
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0122169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRLES E. GARRIS
817 BCH LAND BLVD.
VERO BCH, FL 32963 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: GORSUCH, HEIDI
Address: 805 37TH PL
City-St-Zip: VERO BEACH, FL

Title: DS () Delete
Name: PORTELL, DONALD J
Address: 699 17 STREET SUITE E2
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: ATAMER, EROL A
Address: 440 LIVE OAK DR
City-St-Zip: VERO BEACH, FL

Title: DT () Delete
Name: LIEBERMAN, MARC E.,
Address: 621 17TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: DP () Delete
Name: CRAWFORD, JOSEPH P
Address: 1820 43RD AVE.
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH P. CRAWFORD

DIRE

04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date