


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90049 041 ***150.00

DOCUMENT # K91869			
1. Entity Name INDIAN RIVER PHYSICIAN ASSOCIATES, INC.			
Principal Place of Business C/O HEALTH SOUTH 1200 37TH ST VERO BEACH, FL 32960 US		Mailing Address CHARLES E. GARRIS 817 BEACHLAND BLVD. VERO BCH, FL 32963 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Charles E. Garris 819 Beachland Blvd.	
City & State		City & State Vero Beach, FL	
Zip	Country	Zip	Country
		32963	USA
4. FEI Number 65-0122169		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHARLES E. GARRIS 817 BCH LAND BLVD. VERO BCH, FL 32963		Name Charles E. Garris	
		Street Address (P.O. Box Number is Not Acceptable)	
		819 Beachland Blvd.	
		City Vero Beach FL Zip Code 32963	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DV <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORSUCH, HEIDI	NAME	Zerega, Joseph J.
STREET ADDRESS	805 37TH PL	STREET ADDRESS	777 37th Street, Vero Beach FL 32960
CITY-ST-ZIP	VERO BEACH, FL	CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTELL, DONALD J	NAME	Presley, James J.
STREET ADDRESS	699 17 STREET SUITE E2	STREET ADDRESS	1255 37th Street, Suite A
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	ATAMER, EROL A	NAME	
STREET ADDRESS	440 LIVE OAK DR	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	
NAME	LIEBERMAN, MARC E.	NAME	
STREET ADDRESS	621 17TH STREET	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	
NAME	CRAWFORD, JOSEPH P	NAME	1986 35th Avenue
STREET ADDRESS	1820 43RD AVE.	STREET ADDRESS	Vero Beach, FL 32960
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date: 4/4/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	