


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90256 022 \*\*\*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 819 BEACHLAND BLVD. VERO BCH, FL 32963 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0122169	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	01242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHRLES E. GARRIS 819 BCH LAND BLVD. VERO BCH, FL 32963			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		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	D	<input checked="" type="checkbox"/> Delete	TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZEREGA, JOSPEH J		NAME	John T. Davidson	
STREET ADDRESS	777 37TH STREET		STREET ADDRESS	1300 36th Street	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, S, I	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESLEY, JAMES J		NAME	James J. Presley	
STREET ADDRESS	1255 37TH STREET, SUITE A		STREET ADDRESS	1000 37th Place, Suite 105	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, MARC E.		NAME	Marc E. Lieberman	
STREET ADDRESS	621 17TH STREET		STREET ADDRESS	621 17th Street	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, JOSEPH P		NAME	Charles E. Garris	
STREET ADDRESS	1986 35TH AVE		STREET ADDRESS	819 Beachland Blvd.	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: _____		Charles E. Garris, Asst. Sec.		4/25/06 (772) 231-1995	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	