


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0122169	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CHRLES E. GARRIS  
 819 BCH LAND BLVD.  
 VERO BCH, FL 32963

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAVIDSON, JOHN T 1300 36TH ST VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PRESLEY, JAMES J 1000 37TH PLACE SUITE 105 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LIEBERMAN, MARC E. 621 17TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GARRIS, CHARLES E 819 BEACHLAND BLVD VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/05/07-80022-022 150.00

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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: \_\_\_\_\_ *[Signature]* \_\_\_\_\_ **1-14-07** **772-21-1555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #