2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# N01000007830

Entity Name: INDIAN RIVER COUNTY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

1600 26TH STREET
7
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

PO BOX 573
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 65-1150062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GODWIN, CAROLINE H
657 BEARD AVENUE
SEBASTIAN, FL 32958 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

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: LIVINGSTON, JEFFREY M.D.
Address: 1325 36TH ST, SUITE A
City-St-Zip: VERO BEACH, FL 32960

Title: P ( ) Delete
Name: ROSATO, RALPH MD
Address: 3790 SEVENTH TERRACE
City-St-Zip: VERO BEACH, FL 32960

Title: VD ( ) Delete
Name: LINGER, JUDY MD
Address: 1190 37TH STREET
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: LIVINGSTON, JEFFREY M.D.
Address: 1325 36TH ST, SUITE A
City-St-Zip: VERO BEACH, FL 32960

Title: STD (X) Change ( ) Addition
Name: WEIN, MICHAEL MD
Address: 3375 20TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: P (X) Change ( ) Addition
Name: LINGER, JUDY MD
Address: 1190 37TH STREET
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY M. LINGER, MD P 01/18/2006

Electronic Signature of Signing Officer or Director — Date