


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000007830</b> 1. Entity Name <b>INDIAN RIVER COUNTY MEDICAL SOCIETY, INC.</b>	
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Principal Place of Business <b>1600 26TH STREET 7 VERO BEACH, FL 32960</b>	Mailing Address <b>PO BOX 573 VERO BEACH, FL 32961</b>
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01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1150062</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GODWIN, CAROLINE H  
657 BEARD AVENUE  
SEBASTIAN, FL 32958**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIVINGSTON, JEFFREY M.D. 1325 36TH ST, SUITE A VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEIN, MICHAEL MD 3375 20TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, NANCY 501 HONEYSUCKLE LANE VERO BEACH, FL 32963
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01/31/08-80013-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:**



**JEFFREY LIVINGSTON, M.D.**

Date

Daytime Phone #

**01/23/2008 562-0123**