2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
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: P ( ) Delete
Name: LIVINGSTON, JEFFREY M.D.
Address: 1325 36TH ST, SUITE A
City-St-Zip: VERO BEACH, FL 32960

Title: VP ( ) Delete
Name: WEIN, MICHAEL MD
Address: 3375 20TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: S ( ) Delete
Name: BAKER, NANCY
Address: 501 HONEYSUCKLE LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WEIN, MICHAEL M.D.
Address: 3375 29TH STREET, SUITE C
City-St-Zip: VERO BEACH, FL 32960

Title: VP (X) Change ( ) Addition
Name: BAKER, NANCY MD
Address: 501 HONEYSUCKLE LANE
City-St-Zip: VERO BEACH, FL 32963

Title: ST (X) Change ( ) Addition
Name: PRESLEY, JAMES MD
Address: 1000 37TH PLACE, SUITE 105
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL WEIN, MD P 01/22/2009

Electronic Signature of Signing Officer or Director — Date