

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007830

FILED
Feb 17, 2010
Secretary of State

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:

STUVEN, SHELLEY
1600 26TH STREET
SUITE 7
VERO BEACH, FL 32960 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: PRES
Name: BAKER, NANCY O M.D.
Address: 501 HONEYSUCKLE LANE
City-St-Zip: VERO BEACH, FL 32963

Title: VP
Name: PRESLEY, JAMES MD
Address: 1000 37TH PLACE, SUITE 105
City-St-Zip: VERO BEACH, FL 32960

Title: TREA
Name: ZUDANS, VAL MD
Address: 2750 INDIAN RIVER BLVD.
City-St-Zip: VERO BEACH, FL 32960

Title: SEC
Name: MALLON, WILLIAM MD
Address: 3500 U.S. HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32960

I hereby 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 all other like empowered.

SIGNATURE: SHELLEY STUVEN

RA

02/17/2010

Electronic Signature of Signing Officer or Director

Date