FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # **N06560** **(9)**

1. Corporation Name

INDIAN RIVER MEMORIAL HOSPITAL, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL J. O'GRADY JR. 1000 36TH ST. VERO BEACH FL 32960	C/O MICHAEL J. O'GRADY JR. 1000 36TH ST. VERO BEACH FL 32960

3. Date Incorporated or Qualified: **12/10/1984**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2496294** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C/O O'GRADY, MICHAEL J., JR.
1000 36TH ST.
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EGAN, J.B. III		1.2 NAME		
STREET ADDRESS	4631 9TH PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERZOG, MARY BETH		2.2 NAME		
STREET ADDRESS	755 BEACHLAND BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KING, LARRY P.		3.2 NAME		
STREET ADDRESS	700 20TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DUPONT, HALLOCK S. JR		4.2 NAME		
STREET ADDRESS	11 DOVE PLUM RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCRYSTAL, HUGH K., M.D.		5.2 NAME		
STREET ADDRESS	777 37TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VON ZIELINSKI, THEODOR V.B., M.D.		6.2 NAME		
STREET ADDRESS	777 37TH ST., C-104		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. O'Grady Jr. **(407) 567-4311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL J. O'GRADY Jr. President

12. OFFICERS AND DIRECTORS (continued)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
7.1	D *DELETED*	
7.2	~~BAILEY, STEPHEN M.~~	
7.3	~~1285 Little Harbour Lane~~	
7.4	~~Vero Beach, FL 32963~~	
8.1	D	
8.2	HOUPT, DONALD M.	
8.3	100 Ocean Road, Apt. 112	
8.4	Vero Beach, FL 32963	
9.1	D	
9.2	KURTZ, JOHN C.	
9.3	100 Vista Royale Blvd.	
9.4	Vero Beach, FL 32962	
10.1	D	
10.2	COX, FRANKLIN H., M.D.	
10.3	1000 36th Street	
10.4	Vero Beach, FL 32960	
11.1	D	
11.2	SCHEMEL, ANNE F.	
11.3	280 Llywd's Lane, Indian River Shores	
11.4	Vero Beach, FL 32963	
12.1	D *DELETED*	**D.**
12.2	~~WARD, ROBERT B., M.D.~~	**DUDLEY G. TEEL, M.D.**
12.3	~~777 37th Street, C-105~~	**1000 36th Street**
12.4	~~Vero Beach, FL 32960~~	**Vero Beach, FL 32960**
13.1	D/P	
13.2	O'GRADY, MICHAEL J., JR.	
13.3	1000 36th Street	
13.4	Vero Beach, FL 32960	