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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

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

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DS	☐ Change ☒ Addition
NAME	HERZOG, MARY BETH		2.2 NAME	GEORGE F. WRIGHT	
STREET ADDRESS	755 BEACHLAND BLVD		2.3 STREET ADDRESS	501 SPYGLASS LANE	
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KURTZ, JOHN C		3.2 NAME		
STREET ADDRESS	100 VISTA ROAYALE BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	VERI BEACH FL		3.4 CITY-ST-ZIP	32962	
TITLE	VCD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	VONZIELINSKI, THEODOR V B		4.2 NAME		
STREET ADDRESS	777 37TH ST C-104		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP	32960	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ULRICH, GUY M		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	ROTH, J R		6.2 NAME		
STREET ADDRESS	4105 SHORELAND DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. 4/23/98 561-567-4311

CR2E037 (10/97)