FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am g Secretary of State

05-08-1999 90037 017 ****61.25

DOCUMENT # N06560

1. Corporation Name

INDIAN RIVER MEMORIAL HOSPITAL, INC.

A III A Live							
Principal Place of Business Mailing Address			n		r indicato der darin della divid diela divid di	Manage Miller Demor Mil	DI BIB IE 18 8 1
C/O MICHAEL J. O'GRADY JR.		C/O MICHAEL J. O'GRADY JR.					
1000 36TH ST. VERO BEACH FL 32960		1000 36TH ST. VERO BEACH FL 32960					
TENO DENOTTE DESCO							
2. Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed		
21	26			12/10/1984			
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Ap	plied For
22		27		59-2496294			
City & State City & S		City & State	& State		5. Certifcate of Status Desired	-	Additional
23		28		3. Certificate of Status Desired	Fee Re	quired	
Žip	Country Zip Cou				6. Election Campaign Financing	\$5.00	
24	25	29 30)		Trust Fund Contribution	Added	to Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name	JEFFREY L. SUSI		•
C/O O'GRADY, MICHAEL J., JR.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
1000 36TH ST.			L		1000 36th St.		
VERO BEACH FL 32960			83				
			84	City		. 85 Zip (Code
1				-			Code 160
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							
11. Pursuant to the provisions of Sections of 17.0502 and 617.1502, Plonda Statutes, the above-hander double former of the pursuant to the purpose of changing the object of fice or registered agent of the purpose of the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of sections 617.0503, Florida Statutes.							
SIGNATURE 4/15/99							
				t signature re	equired when reinstating) DATE		
12.	OF PICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	CD	XI DELETE	1.1 TITLE		President Director	Change	★ Addition
NAME	EGAN, J.B. III		1.2 NAME		Jeffrey L. Susi		
STREET ADDRESS	4631 9TH PL		1.3 STREET	ADDRESS	1000 36th St.		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-S	T- ZIP	Vero Beach, FL 32960	Change	Addition
TITLE	DS .	☐ DELETE	2.1 TITLE		Chairman/Director	4±] Criange	
NAME	WRIGHT, GEORGE F		2.2 NAME		Wright, George F.		
STREET ADDRESS	501 SPYGLASS LANE		2.3 STREE	ADDRESS	501 Spyglass Lane		}
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-8	T- ZIP	Vero Beach, FL 32963	□ V Chance	☐ Addition
TITLE	π	☐ DELETE	3.1 TITLE		Vice Chairman/Director	∑X Change	☐ Addition
NAME	KURTZ, JOHN C		3.2 NAME		Kurtz, John C.		Į
STREET ADDRESS	100 VISTA ROAYALE BLVD		3.3 STREE	ADDRESS	100 Vista Royale Blvd.		
CITY-ST-ZIP	VERI BEACH FL 32962		3.4. CITY-5	T- ZIP	Vero Beach, FL 32960		A delisio -
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 ADDRES				1
CITY-ST-ZIP	VERO BEACH FL 32960		4.4 CITY-ST-ZIP				□ Additio-
TITLE	D	₹] DELETE	5.1 TITLE			Change	☐ Addition
NAME	ULRICH, GUY M		5.2 NAME				
STREET ADDRESS	777 37TH STREET			ADDRESS			
CITY-ST-ZIP	VERO BEACH FL	19	5.4 CITY-S	T-ZIP			☐ A didition
TITLE	D	K DELETE	6.1 TITLE			Change	☐ Addition
NAME	ROTH, J R		6.2 NAME				
STREET ADDRESS	RESS 4103 SHONELAND DINVE			FADORESS			i
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-S	T- ZIP	Lin Continue 440 07/21/2) Florido Stetutos I furthor		

14. I hereby certify that the information supplied with this filling 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 off an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

(561)567-4311

Daytime Phon

CR2E037 (11/98)