

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90089 013 ****61.25

DOCUMENT # N06560 1. Entity Name INDIAN RIVER MEMORIAL HOSPITAL, INC.					
Principal Place of Business 1000 36TH ST VERO BEACH, FL 32960			Mailing Address 1000 36TH ST VERO BEACH, FL 32960		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2496294	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUSI, JEFFREY L 1000 36TH ST. VERO BEACH, FL 32960			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SUSI, JEFFREY L		NAME		
STREET ADDRESS	1000 36TH ST.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	CD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SHEEHAN, CHARLES V		NAME		
STREET ADDRESS	884 INDIAN LANE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	VCD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	DEMARTINI, FELIX MD		NAME	Richard Weil, M.D.	
STREET ADDRESS	1040 OLDE DOUBLOON DR.		STREET ADDRESS	746 Riomar Drive	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	VCD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	CONWAY, EARL C		NAME	Beverly O'Neill, R.N.	
STREET ADDRESS	1020 OLDE DOUGLOON DR.		STREET ADDRESS	9790 61st Place	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	George Wright, M.D.	
STREET ADDRESS			STREET ADDRESS	890 Bowline Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	☐ Delete		TITLE	☐ Change ☒ Addition	
NAME			NAME	Treasurer	
STREET ADDRESS			STREET ADDRESS	Thomas Segura	
CITY-ST-ZIP			CITY-ST-ZIP	5815 Glen Eagle Lane	
			Vero Beach, FL 32967		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			1-25-05 Date Daytime Phone #		