2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N06560

Entity Name: INDIAN RIVER MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

1000 36TH ST
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1000 36TH ST
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-2496294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUSI, JEFFREY L
1000 36TH ST.
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: PD ( ) Delete
Name: SUSI, JEFFREY L
Address: 1000 36TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: S ( ) Delete
Name: BROWER, DEBORAH
Address: 1000 36TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: VCD ( ) Delete
Name: WEIL, RICHARD MD
Address: 746 RIOMAR DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: VCD ( ) Delete
Name: ROSSMAN, BRADLEY W
Address: 1000 36TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: T ( ) Delete
Name: HARRIS, ROBERT
Address: 1000 36TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: C ( ) Delete
Name: THOMAS, SEGURA
Address: 5815 GLEN EAGLE LANE
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change ( ) Addition
Name: WEIL, RICHARD MD
Address: 1000 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: BROWN, TIM
Address: 1000 36TH ST.
City-St-Zip: VERO BEACH, FL 32960

Title: VPD (X) Change ( ) Addition
Name: FAKHRY, WAEL L
Address: 1000 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WAEL L FAKHRY VPD 03/25/2009

Electronic Signature of Signing Officer or Director — Date