

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06560

FILED
Apr 21, 2010
Secretary of State

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

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

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

Title: S
Name: POLACKWICH, ALAN S
Address: 1000 36TH ST.
City-St-Zip: VERO BEACH, FL 32960

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

Title: SVP
Name: FAKHRY, WAEL L
Address: 1000 36TH STREET
City-St-Zip: VERO BEACH, FL 32960

I hereby 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 all other like empowered.

SIGNATURE: WAEL L FAKHRY

SVP

04/21/2010

Electronic Signature of Signing Officer or Director

Date