

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002602

FILED
Apr 06, 2012
Secretary of State

Entity Name: INDIAN RIVER VOLUNTEERS IN MEDICINE, INC.

Current Principal Place of Business:

1460 BAYTREE DRIVE NE
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

250 WEST TOWNE PLACE
TITUSVILLE, FL 32796 US

New Mailing Address:

FEI Number: 27-2135914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, ERA J
250 WEST TOWNE PLACE
TITUSVILLE, FL 32796 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: P
Name: GREENBERG, MITCHELL R DR.
Address: 1747 EVANS RD STE 101
City-St-Zip: MELBOURNE, FL 32904 US

Title: S
Name: VANDERBY, KATHERINE
Address: 4030 MINTON RD
City-St-Zip: MELBOURNE, FL 32904 US

Title: T
Name: RINGENBERGER, PAUL D
Address: 250 WEST TOWNE PLACE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: BMEM
Name: KELLY, CLARA V SR.
Address: 1460 BAYTREE DRIVE NE
City-St-Zip: PALM BAY, FL 32905 US

Title: BMEM
Name: BARFIELD, JIM
Address: 435 SIMS WAY
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: BMEM
Name: LIST, RONALD G DR.
Address: 8022 OLD TRAMWAY DR
City-St-Zip: MELBOURNE, FL 32940 FL

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: PAUL D. RINGENBERGER

T

04/06/2012

Electronic Signature of Signing Officer or Director

Date