

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # N14650 (8)
1. Corporation Name
INDIAN RIVER HEALTH SERVICES CORPORATION



Principal Place of Business Mailing Address
C/O MICHAEL J. O'GRADY, JR.
1000 36TH STREET
VERO BEACH FL 32960-4862
C/O MICHAEL J. O'GRADY, JR.
1000 36TH STREET
VERO BEACH FL 32960-4862

3. Date incorporated or Qualified **04/29/1986** 3a. Date of Last Report **02/07/1995**
4. FEI Number **65-0029298** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
O'GRADY, MICHAEL J., JR.
1000 36TH STREET
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	O'GRADY, MICHAEL J., JR.	
STREET ADDRESS	% 1000 36TH STREET	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARDEN, DIANE P	
STREET ADDRESS	% 1000 36TH STREET	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DRURY, TIM	
STREET ADDRESS	% 1000 36TH STREET	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	EGAN, J.B., III	
STREET ADDRESS	4631 9TH PLACE	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOZIEL, GERARD J	
STREET ADDRESS	1000 36 ST	
CITY - ST - ZIP	VERO BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Diane P. Harden* (407) 567-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DIANE P. HARDEN, PRESIDENT** Date: _____ Daytime Phone #: _____
Ext. 1160

CR2E037 (12/95)